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# Dealing in Futures

A state of emergency, such as war, always tests the strength and focuses the weaknesses of any social organization. It is not a coincidence that the Manitoba Association of Registered Nurses has been faced at this time with the necessity of planning for the future of the profession by solving matters of major concern at the present.

Recently, the Manitoba Legislature passed an Act which provides for the training, examination, licensing and regulation of practical nurses. It is realized that the community has need of both professional and non-professional nursing services if it is to receive all forms of care. The non-professional services rendered to the public will be standardized and controlled by this legislation to a greater degree than ever before. Therefore it is timely to direct the thoughts of professional nurses to the obligations that such legislation implies:

1. That the practical nurse has a legal status and that she has a recognized essential service to offer to those in need of non-professional care.

2. That professional nurses shall be prepared and ready to serve the community in the ever-expanding spheres of professional service; that the worthiness of the registered nurse's service will be tested by the skill and altruism that are the prerequisites of those who claim to be professional.

3. That professional nurses will require more and better educational preparation for the fulfilment of the services that will be expected by the community, the Province and the Dominion.

Through the courteous offices of the Minister of Health and Public Welfare an amendment to the Act of Registration was passed by the Provincial Legislature in recent session. The amendment provides the Board of Directors with greater discretionary powers in granting registration to those whose qualifications are equivalent to the requirements of the Act but which do not conform specifically with those requirements.

Some months ago, under the leadership of the assistant executive secretary, Miss Frances Waugh, student nurses from all schools of nursing in the province were organized with the aim of stimulating a vital interest in organized nursing provincially, nationally and internationally. The Manitoba Student Nurses' Association is unique in that, as yet, it is the only provincial student nurses association of Canada. It is a flourishing body conducting its meetings in a truly professional way and stimulating an enthusiastic interest in all phases of professional growth.

Since September, 1943, the School of Nursing Education established within the University of Manitoba, has been subsidized by a portion of the federal grant received by the Manitoba Association of Registered Nurses. Convinced of the imperative need for the continuance of the School on a permanent basis, a committee appointed by the Board of Directors of the M.A.R.N. has been active in devising ways for ensuring this permanency. An appeal has been issued to every member of the Association to interpret and support the efforts that are being made to place the School on a sound foundation. Nurses are keenly aware of the need in Manitoba and Western Canada for the facilities provided by this School. They can provide the impetus that is necessary to assure the public support of this project.

With funds available from the federal grant, the Provincial Placement Service was established in August, 1944. Recognizing the increasing diversification in nursing practice and the essentiality of an avenue through which users of nursing service may be supplied with the services they require, plans for the continued financial support are being considered. Bearing in mind that it is serving community, institutional, and individual needs, it is more logical than visionary to presume that in future community support may be given to this service.

In conclusion, in the words of Professor Eduard C. Lindeman (A.J.N., Dec. 1939) we see the beam of human need which is the motivating force of all professional service: "The professions exist primarily for the purpose of aiding man in his adaptations. The professional person enters the human situation when adaptation has somehow failed, or when men are engaged in planning for their future welfare. The importance of the professions increases in direct proportion to the extent of man's attempt to alter his environment for the purpose of meeting his needs". Have Manitobans, have Canadians ever been engaged in planning for their future welfare in greater earnestness? Has the beam of social need ever beckoned more brilliantly for professional nursing service?

LILLIAN E. PETTIGREW
*President*
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## Preview

**The whole field of psychiatry has taken on new meaning in recent years. A symposium on the place of mental hygiene and mental nursing in the reconstruction period was a feature of the program at the recent convention of the Registered Nurses Association of Ontario. We are privileged to share with our readers the stimulating papers prepared by Dr. G. H. Stevenson, Laura W. Fitzsimmons, Hilda Bennett and Eileen Cryderman.**

# Return from War

D. Ewen Cameron, M.D.

The most obvious preliminary statement to be made is one concerning the confusion which exists regarding the whole matter of the return of men to civilian life. This confusion is only in part administrative in origin. In large measure it arises from the fact that the series of problems created by return from war is serving in increasing measure as an outlet for much of the muddled antagonisms, hostilities and frustrations provoked by the war in citizens, both in the armed forces and outside. These emotional reactions are arising in consequence of the forced separation from homes and jobs; they arise from the real and apparent injustices consequent upon this; from the feelings of frustration on the part of those who wish to be in the services and from the guilty feelings of some of those who have not gone; from the apprehension of those who fear the return of the men who did go, and from the hostilities of those who expect to be displaced from their jobs and from their places in the family group by the returned man.

Nonetheless, a central core of problems remains once we have winnowed off the confusions and misapprehensions. To further this process of winnowing off let me say this—that one of the misconceptions which has made the whole problem appear to be even more complex and more difficult than it actually is arises from the confusion concerning the term, "Neuro-psychiatric casualty." The public has been deeply concerned and rightly so over the very large number of men who are rejected for neuro-psychiatric reasons, and over the large number who are later discharged for similar reasons. For a great many people mental ill-health was something that the other fellow had, and particularly the other fellow who was being looked after in one of the Provincial Hospitals.

War, with its imperative demands for excellence in personality and performance, has set our standards of selection so high that a great many men and women, whose mental health and efficiency were sufficient for them to carry on in civilian life, have been excluded as not good enough for army life; a great many men and women, for the same reasons, once admitted to the armed services, have not been able to carry on. There is no doubt that in the long run this will be most salutary in allowing us to see that the amount of mental ill-health and impaired efficiency which exists among us is very great and, at the same time, that the numbers who actually require care in Provincial Hospitals represents quite a small proportion of those whose effectiveness is decreased, but who do carry on under ordinary circumstances or who can carry on with varying degrees of medical assistance. Indeed, the great majority are not aware that their difficulties and their relative ineffectiveness are due to poor mental health. Public opinion has not yet identified those forms of ill-health. Public opinion in the nineteenth century had not yet identified the forms and range of low-grade chronic ill-health due to inadequate nutrition, to focal infections, to poor industrial and housing conditions.

Salutary although this forcible impingement of these facts upon our minds will be, we must be clear-sighted in dealing with the immediate problem of the men returning from war. The most succinct statement which can be made is that neuro-psychiatric casualty is not synonymous with civilian inadequacy. Actual experience has shown that the majority of men discharged for neuro-psychiatric reasons during this war have returned to work without the need of special provision. This large group is

comprised, in part of course, of men and women who have some degree of intellectual handicap which prevents them from meeting the high demands for skill and precision now required in many branches of the armed services. Their intellectual limitations, however, do not prevent them in any way from carrying out useful and necessary tasks in civilian life. It is comprised also of people who have degrees of emotional instability which do not allow them to face the hazards and dangers of war. It is comprised of those who have been brought up in over-protected homes who cannot stand the long separation from their families, but who are quite capable of fitting back into the places which they formerly occupied in civilian life, or at any rate, become capable of doing so within a very short period of time and with the minimum of assistance.

It has been found that the number of men and women discharged for neuro-psychiatric reasons who feel under any necessity to seek neuro-psychiatric help and guidance, even where this is provided in the most readily accessible and acceptable form, is quite small. When I say that the proportion is small I do not in any way wish to give the impression that the actual number is small, save in relationship to the total. There is a great need for increasing the facilities for the care of that group of men and women discharged for neuro-psychiatric reasons who will need treatment and, in some instances, continued treatment.

Having separated out from our central problem this considerable number of men and women who were unfitted for military life but not for civilian life, I would like to perform a second operation and to lay bare the fact that many of the problems, which will appear as war and post-war problems, are actually problems which have been with us long before the war started, but which now appear having borrowed from the war its intensity, its emotional urgency and some of its claims upon our devotion. I have in mind such matters as economic reform, equality of opportunity, and minority rights. These three great issues are emerging with added import as post-war problems. They are matters which will clearly affect the return of men and women to civilian life. It seems to me nonetheless important that those of us who wish to think clearly and constructively on the return of men from war, who mean to draw up plans and see them put into action, should see these other matters in terms of long-term problems which had their origins long before this war and which have to be solved on their own merits.

Having now separated off from the matter under consideration much which did not truly belong to it and much which served unnecessarily to magnify and to confuse, what remains? First as to the general setting. We are coming to the task of working out the most effective way of returning one-tenth of the population to civilian ways of living, acutely conscious of the experiences of the last war and the last peace. We are aware that in all countries that return was exceedingly difficult, that it took a long time, and that in some countries large bodies of men, for all practical purposes, never did return to civilian life. They remained outside their civilian world, critical, resentful and hostile and eventually forming, in Germany, as prime example, Hitler's first recruits — his private army which, as the Brown Shirt Organization, first destroyed civilian government in their own country before giving him the strength to destroy that of almost all Europe. In varying measure this was true of all countries. Dislocated, dispossessed men everywhere added to the vast unrest and discontent of the nineteen twenties and nineteen thirties.

All this forms the solemn and the serious background to our approach to this matter. We are aware that our attempts to understand our world, to

meet human needs upon a basis of economics alone, have failed despite the fact that our means of production have increased immeasurably, despite the fact that world-wide freedom from war is now a matter only of better planning. We stand tragically before the fact that at no period have conflict, insecurity and social collapse been more widespread.

Offsetting this dark picture are the efforts which have been made to work out a sounder basis for our attempts to deal with our society. Under the pressure of these great necessities there has been an immense growth in the sciences concerned with the study of human behaviour. The human factor in industry, psychological warfare, industrial counselling, personnel selection, the psychological preparation of men for war — these are words of growing potency and weight. They were heard rarely, if at all, before the first world war. They, and the thinking of which they are an expression, are likely to be of the greatest moment in solving the problems of a world-wide return from war.

What new light does this approach throw upon our problems? It reveals a fact of the first importance, namely, that the economic aspect of a job is not necessarily the aspect essential to the satisfaction of the man. Admittedly the recompense must reach a level compatible with decent living but beyond this are certain other and often greater values. The job must afford the man a measure of prestige and standing with his fellows. It must afford him a degree of satisfaction, a means for obtaining a sense of accomplishment. Recently we have seen a number of men who have been discharged from the army and who have returned to their old companies. In the meantime their positions had been filled by others. The returned man has been put back on his original salary and the administration has felt, apparently quite sincerely, that the right and the just thing had been done. But with the salary did not go the actual responsibility, the opportunity to develop the position, the status which the man had formerly enjoyed. Almost universally in such cases there has been a mounting sense of frustration and of grievance which is reasonable if we approach the matter with an understanding of human nature, but which would appear irrational if we were to attempt to see the living person in terms of the old narrow and unrealistic concept of the economic man.

But what would have seemed more unreasonable three decades ago than that a man should be discontented and frustrated when he was being paid his old salary without any of his former responsibility to carry and with much less work to do? The extent to which we are conscious of the fact that the position under such circumstances is a potential source of frustration for the man and trouble for the organization is the measure of our progress in our attempts to organize our times on a sounder basis.

This, then, is the setting in which we face the immediate future, the dark memories of the past three decades, the building up of new ways of dealing with our society based upon knowledge of human behaviour. What facts have we concerning the points at which return from war may be held up and against which strains and tensions may spring to dangerous levels?

Groups have been set up under many auspices to study these matters. From these studies the outlines of the major danger zones are beginning to appear. Considerable stress has been laid upon the fact that the man who went to war has come through a process of psychological re-education in learning to become a soldier, that his attitudes and his system of values have been changed to a degree which may render it difficult for him to adjust to civilian life. Actual investigation has shown, however, that this need not necessarily be so. From interviews with representatives of some thirty industries it was found that, at least in the case of older men, transi-

tion to civilian occupation was made comparatively easily. It was found that some of the younger men, particularly those who had overseas experience, remained restless and found a lack of stimulation in civilian life for a period which often extended over several months. If supervisors were prepared for this and were willing to deal with the situation with sufficient elasticity, the men eventually made good final adjustments.

It will be realized at once that our investigations have been concerned with men returning in small numbers and during a period of full employment. The numbers of returned men in any industry, relative to the number of men who have never left civilian life, is at present so small that the returned men tend to take on the attitudes and viewpoints of the civilian group fairly rapidly. Their numbers are not yet so large as to render them group conscious.

When considerable numbers are discharged, however, there will be a growing tendency for the returned man to become group conscious, and, in consequence, the speed with which they will shed the attitudes which they have acquired in the army will decrease. At this point we may say that all measures which serve to perpetuate a distinction between the returned man and the civilian will serve to impede the former's re-integration into civilian life. For this reason it is undesirable that, for instance, educational and occupational training facilities for returned men should be organized separately from those for civilians. It is important that, as far as possible, medical facilities which already exist and are in use for civilians should be utilized for returned men rather than that special separate provision should be made. For this reason, also, it is important that all benefits and special privileges which are to be accorded to the returned man should be rendered available as soon as possible after discharge, and should not be carried forward beyond the early transition period save, of course, in the case of actual lasting handicap or disability. This early provision of benefits and privileges has a two-fold importance. The first has already been noted, namely, that to render them available, let us say six months or a year after discharge, is simply to provide a constant stimulation to the man to consider himself, not a civilian, but someone separate from the civilian world. The second value is that to delay according these benefits and privileges will serve only to enhance the doubts which already exist in the minds of many service men as to whether the promises which have been made, both by those in power and those who aspire to being in power, will actually be fulfilled.

Jobs, housing, the family — these three continually emerge as the primary concerns of the man who has returned from war. Other issues may have the larger ultimate consequences, or may assume the greater stature in the procession of human history, but these three are the very stuff on which the man's life is built. If his needs in respect to them are met, we may have reasonable confidence that the transition from soldier to civilian will pass through its various stages without hitch. If they are not met we may be equally sure that the returned man and his group will stand apart from the civilian world, dissatisfied, discontented and open to the manipulation of irreconciliable elements in our society.

What do we know of the attitudes of returning men towards these three? First as to jobs. There appears to be much less doubt on the part of the soldier of his capacity to handle a job than has been stated by some. This is particularly true of the man who volunteered for overseas service and who has built up a record as a competent soldier. He has as much confidence that he can deal with his contemporary civilian world as he had that he could deal with war. To a lesser extent this is true of the man who has not served outside this country. Among this group there

is a proportion who had difficulty in maintaining themselves in employment during the pre-war years. There is a tendency among them to look for greater job security in post-war employment. They want civil service jobs where they have maximum security, even though they may have to sacrifice some gain.

While many men will want to take advantage of post-war training schemes, a considerable number feel that they have not lost skill in the armed forces but, on the contrary, have acquired technical training which they might have found difficult to gain otherwise, and, for this reason, will have the more to offer on the labour market.

The provocative question as to what to do with the office-boy who has become a colonel is more provocative than actual. Wide awake personnel managers will undoubtedly agree that the office-boy who became a colonel was most certainly poorly placed as an office-boy.

One matter which is already standing out as a point of possible contention is the question of seniority rights. Is the man who left his employment to serve in the armed forces going to lose his seniority relative to the man who remained in civilian employment? This is clearly an issue which requires the earliest possible decision.

Above all problems stands the question of the availability of jobs. We have twice within a generation seen that within a period of war it has been possible to ensure full employment. If we fail to provide it when the men return we will most certainly find that we have opened the doors to those who want radically to change our society. If jobs are not available competition is at once set up between the returned man and the civilian, competition centering around some of the most elemental issues of life.

The question of adequate housing takes second place only to that of jobs. Those men who have already returned and have had to struggle with the present housing shortage have expressed in interviews the greatest resentment. At this point let me again draw the clearest possible distinction between the man who has never left civilian life and the returned man with respect to shortage of houses and shortage of jobs. The returned man has been away. The civilian world to which he has returned is not yet his again. When the civilian encounters these difficulties he becomes irked and resentful of them and may eventually attempt to do something about his difficulties. For the returned man it is the other fellow's world that is letting him down, that is cheating him out of things that he feels he underwent danger of death to protect and save. The returned man's resentment is apt to flow, not against things, but against people. Moreover, because he has been greatly frustrated by the separation from his home and by his army life, the potential hostility awaiting release is far greater in his case than in that of the man who never left civilian life.

There has been talk of holding up housing schemes until the men have actually returned as a means of supplying jobs. One-tenth of the population is to be poured back into housing that has proved inadequate for the present civilian population. Pursuit of this policy can be calculated to produce with the profoundest certainty just those consequences which we are working with the greatest urgency and determination to avoid.

In considering the various points at which return to civilian life may encounter difficulty and dangerous delay, I have left the matter of re-entering the life of the family to the last. There may be, there will be, for a number, adjustments to be made, puzzling and painful. Some will never again become part of the family which they left. But, even if these difficulties should be far more numerous than we anticipate, they will, nonetheless, remain individual. From them arises no large issue from which might take growth that group

consciousness and feeling of separation from the civilian world which it is imperative to prevent. From these individuals' difficulties the most opportunistic and power-hungry politician can snatch no catch phrase to raise him into limelight.

Some of the difficulties are figments of our own imagination. We have been told that men who have been taught to kill and to destroy will be lively customers in any family circle. We forget the fact that this experience has been limited to a very small part of the lives of our men. By far the greater part of their lives, and all the formative years, have been spent in living and working together in family groups. Moreover, in no place more than in the armed forces are the values of co-operation, of self-sacrifice for others, of interdependence set so highly.

It is to be anticipated that the matter of the wife who has sought and enjoyed employment outside the home during her husband's period of service will present a problem. While this may be brought more vividly into view, by the way, it is the outcome of a trend which has been apparent and growing since the turn of the century. It is one of the reasons for the growth of nursery schools and kindergartens, it is tied up, in a way which renders it very hard to distinguish cause and effect, with the development of labor-saving devices in the home, with cafeteria meals, with the progressive conversion of heavy manual jobs in industry into light mechanized operations. It expresses itself in the steady progress of women over the last half century to the attainment of full and equal citizenship.

Because of this, though there may be individual difficulties and clashes, it is most unlikely that the matter will become one of major consequence. Movement in the direction of greater participation by women in life and work outside the home is massive and is likely to assume dominance over any counter-trends for a considerable time to come.

That the man returning to his family will be different is certain. That these differences will be so great and so lasting as to render re-integration arduous or impossible is most unlikely. He developed new attitudes and new ways in order to become a good soldier. He can even more adequately develop or return to the attitudes necessary to become a good civilian. We can take steps to further this progress. We can see to it that measures are provided which can prepare him for the resumption of civilian attitudes.

Measures have already been taken for some time to ensure that the men and women in the armed forces are kept as closely in touch as possible with their families and also with the changing Canadian scene. We are all aware of the continual drive to see to it that letters are written, that news from home gets through. Some of us are aware of the efforts to inform the men of changes in Canadian life through lectures, discussions and radio addresses. There is a great need for an extension and intensification of this process during the final weeks and months before the man is discharged. During this period the changes in attitude which were produced in altering him from a civilian to a soldier should be presented vividly to him so that he may be able to realize that he now actually does possess ways of looking at things which he did not have when he was still a civilian and which may not be helpful when he returns to his old life. The different values set upon initiative and individualism in the army and in civilian life, and the reasonableness of both sets of values in their proper places require differentiation. Together with this must go the passing over of as much factual information as possible concerning employment, training facilities, housing, farm grants and the like.

As most of you are aware, a great deal of information concerning the personality, the capabilities, and the behaviour trends of the individual soldier

have been assembled from the time of his entry into the armed forces. Proper use of this material as a basis of vocational advice to him would be invaluable. This material was assembled within the armed forces for the use of the armed forces but it could be, and should be, utilized by those members of the personnel division of the armed forces, who have had industrial experience, as a means of advising men about to return to civilian life as to the occupations in which they might expect to be most successful.

Finally there is the matter of the proper preparation of the community for the return of their members from service. If each family can be put in possession, in a simple straight-forward way, of the fundamental facts which I have already outlined, it would serve to put an end to much of the confusion which is making the problem of return needlessly difficult. A similar statement for those community organizations who will perform a useful function in assisting the return, such as the service clubs, churches and the social agencies, and for those in supervisory and managerial positions in industry, is of the greatest importance.

That the job of guiding and safeguarding the processes of return to civilian life is large and that we are attempting to deal with it by new methods need in no way deter us. The knowledge and the tools are there. What we have to fear is inertia and a lack of clear-sightedness on our part. On the part of some few others we have to fear the dragging in of issues which do not properly belong, in the hope that in the pressure and the urgency of the return, these other matters may also be carried along. We have also to fear the efforts of those who seek to confuse and disturb the processes of return with the purpose of creating so much discord that a public demand for radical measures and changes may be created.

Against all these we may protect ourselves, civilians and returned men alike, if we fix our most determined energies upon the mastery of one central objective, namely, that the returned men should once more become as rapidly and as completely as possible reasonably satisfied civilians among civilians. If we lose sight of this objective or if we fail to obtain it and the returned man and his fellows stand over against their civilian world — critical, disillusioned and hostile, we shall have created a situation loaded as it has been after every war with the potentialities of disaster. At the end of this war these potentialities have risen to a level never reached before. Our whole social organization — changing, slipping, breaking down in some areas, evolving into totally new forms in others as it passes rapidly and irrevocably from its nineteenth century form towards that future design, the outlines of which we can barely discern, it is unstable and explosive to a degree of which we have no previous record.

Do not let us be deterred from our determination to deal effectively with this matter. The road is reasonably well defined and reasonably easy to travel, if we have the will to take it.

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# Children in Hospital

LINDA ROBERTSON

Many students in our schools of nursing are doubtless quite familiar with the handling of children. However, there are many others who have had only the sketchiest of contacts with well youngsters and none at all with them

when they are ill. In order to assist nurses in carrying out the necessary care of these children and to promote good fellowship and understanding certain fundamental psychological methods should be incorporated in the student's learning.

The basic factor which determines, to a considerable extent, the child's feeling of happiness or unhappiness is his sense of security, his feeling of belonging. When he is admitted to hospital, he loses this assurance and his reaction may be demonstrated in one of a variety of patterns. The timid child becomes introverted; the bold child may kick and scream; the "babied" child will weep incessantly. These manifestations all demonstrate fear — fear of the unknown, of the strange people and surroundings. As quickly as possible efforts should be made to restore his sense of security and to establish a regular routine.

If he is at first unmanageable, wait for him to become quiet, then tell him who some of the children are near him; explain what he must ask for if he wishes to go to the bathroom. Explain all procedures as they occur. It is not the pain he dreads half as much as the fear of not knowing what is going to happen to him. When a treatment is ordered which necessitates taking the child to another part of the hospital, make a game out of the trip. This helps to place the emphasis on something other than the dreaded treatment.

The child who frets and fusses over a prolonged period of confinement will respond happily to some suggestion of make-believe. His bed may be the landing-strip where airplanes arrive from far-away places. The wheel-chair becomes the chariot of his "Royal Highness". It need only take a few minutes each day to enlarge on this idea and make him completely reconciled by permitting him to "hold court".

When she is assigned to the children's ward, the nurse should familiarize herself with the spontaneous activities and inquiries of children at different ages. In particular, she needs to be aware of the limitations of vocabulary and adjust her conversation to the level of each patient. The health teaching which the nurse does must be based upon facts which the child understands, so presented that they appeal to him *now*. Most children love the sound of words that rhyme and, when the jingle is made to apply especially to him, the child will be kept happy for hours repeating some apparently senseless combination of words which nevertheless contain the germ of the idea in health teaching the nurse was trying to instil. How much more likely she is to reach her goal if the nurse manufactures some such rhyme as:

*Potatoes have eyes,*
*But they cannot see*
*That they're on my spoon*
*Going inside of me.*

instead of saying, "If you want to grow up to be a big man, you must eat your potatoes".

Many children have a special doll or other pet which they have been in the habit of taking to bed with them. When sickness strikes suddenly, the child may have to be whisked away to hospital and the beloved teddy bear is left behind. When she should be going to sleep, not only is the little girl all alone in a strange bed but she is lost without the teddy who always slept beside her at home. In the dark, it is easy to substitute a stuffed sock which allays the fears as the little fingers close over it. Habits, such as this, which do not interfere with the child's sleep or health should be fostered, not broken.

Children make excellent patients. It is the exception when their complaints are not justifiable. What special preparation does the nurse require to enable her to cope with any problems which may arise? Tact, intelligence, patience and good humour are essential requisites. Added to these, the nurse must try to see things from the child's point of view. Her attitude must be friendly and

sympathetic, yet firm enough that she remains in control of the situation. She must learn to speak gently and firmly, never sharply, to the children. She must make up her own mind what it is she wants in the way of co-operation. Children are quick to sense confusion and ineptness and, because they are great show-offs, will attempt to take advantage of her. On the other hand, children are indefatigable and perpetual imitators and they will respond if only to gain approval, if the nurse knows what she wants.

To sum up, the nurse will be successful in the children's department if she:

1. Establishes their sense of security when admitted to the hospital.
2. Is always truthful and remembers the need for explanation.
3. Tries to see the situation from the child's point of view.
4. Is consistent in her dealings with them.
5. Is calm and unperturbed no matter how much confusion there may be around her.

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# "Miss, It's a Boy"

LILIAN MACKINNON

Lying awake in my room in Camp Lewis hospital the moonlight night of July 1, 1944, with two blankets tucked cosily around my shoulders, I considered myself very, very lucky indeed. Outside, the lake, a scant twenty yards away, slapped softly at its shore and a whip-poor-will in a tree close by called thrillingly throughout the night. Less than eighty miles to the south, Montreal was sweating out its first and fiercest heat-wave of the summer. People were waiting for hours to catch a train to the Laurentians and here was I in the very heart of them, and being paid to stay!

My satisfaction extended into and throughout the following day when, the morning mist drifting from lake and shore, the moonlit impressions of great scenic beauty I had had during the night were more than fully confirmed by the brilliant northern sunlight. The camp site was truly lovely. The main building, which overlooked the lake, was an old, picturesque grey stone dwelling known as the Chateau, and in it were the dining-rooms, kitchen, offices, etc. It also housed the camp personnel with the exception of the director who lived in a cottage near the hospital, both buildings perched high on the side of a steep hill above the Chateau, and reached by a long flight of shallow stairs.

The cabins and tents for the boys were on sheltered Presqu'ile separated from the Chateau by a narrow bay and almost entirely screened by the thick leafy green of the trees. On the shore a beautiful high rock shelved into the lake, a gorgeous spot for bathing, and nearby were the wharf and diving-board. Clustering red-painted boats made a spot of colour against the green backdrop.

Had I anticipated the responsibility devolving upon a camp nurse when the camp in question cares for some two hundred and fifty boys as Camp Lewis did, I might have gazed at the sparkling lake and surrounding mountains with a degree less equanimity that perfect Sunday morning. For on Monday the boys, carrying their city pallor and knapsacks and shouting their marching songs, arrived in Camp Lewis. I looked no longer with tranquil spirit at the lake, and if sometimes at night I lifted harassed eyes for a moment to the Great Dipper, I never did hear the whip-poor-will again in the tree below the hospital for, with the coming of the boys, he fled to quieter haunts.

Thereafter life in Camp Lewis cen-

*A perfect setting at Ste. Agathe des Monts*

tered in and revolved around the boys. All day long the campus and Chateau echoed to their voices. All day long, and all too frequently at night, they arrived singly or with an escort, depending on the box-office attraction of the case, up those terrible stairs to thunder, as if their very lives were at stake, on the hospital door. In former years Camp Lewis boasted a doctor's services but times being as they are this summer a nurse had to substitute. This was a little hard on the camp since its isolation made the presence of a doctor almost a necessity.

As the glorious summer days sped by, I found myself like St. Paul trying to be all things to all men, or at least to all boys. I discussed social adjustments, gave shelter and pep talks to the homesick and much free advice on personal hygiene. The feet I cleaned and bound up will do me quite nicely the remainder of my life. Though most of the injuries the boys received were of a minor nature, here and there a more serious cut, necessitating sutures, cropped up. Two of those I sent to Ste. Agathe but in several cases I myself put in a few horse hair sutures and later had the satisfaction of seeing the wounds heal.

Probably it was luck but I think it was sulphathiazole ointment that kept injuries clean for only in one instance did a boy have to go to Montreal for treatment for infection. Poison ivy cleared up beautifully after a few treatments with potassium permanganate solution, while boils were grimly incised and dressed with sulphathiazole; I also used it for bad cases of sunburn. When to give anti-tetanus serum proved a major worry.

I sent one case of measles and another of pink eye to Montreal and was lucky enough to have no other cases develop. To Montreal also went an acute abdomen, an infection of the middle ear and a second degree burn; but all these patients were seen first by a doctor in Ste. Agathe.

Now I must not allow you to think I did all this work by myself for that would be giving you an entirely wrong impression. Not at all! Two orderlies, thirteen and nine years respectively, known as Mike and Junior were my very perfect assistants. They washed so many feet and helped with so many dressings, without audible protest at least, that sometimes I weakly looked aside when I saw them bandaging soiled ones. They kept the hospital clean and fed the sick, and when a patient, feet

racing or lagging up the long flight of stairs as the case might be, announced his arrival at the hospital with loud cries, a conversation something like the following would ensue:

*Myself* (Having sought the comparative sanctuary of my room and trying to concentrate on something else): "See who it is, Mike".

*Mike* (His voice raised hoarsely above the clamour in the surgery): "Miss, it's a boy."

*Myself*: "Well, go on and fix him up."

*Mike* (Outside my door, his voice still hoarsely raised above a perfect chorus of shrill cries): "Miss, it's his foot."

*Myself* (Still intent on my personal work): "Go ahead, Mike."

*Mike* (Accusingly, now inside my room and trying vainly to stem the tide of pushing boys): "Miss, it's a Nail!"

*Myself* (Resignedly, mentally tossing my work out the window because nails, and above all rusty ones, were my special dish): "O.K. Now you boys scram out of here."

Poor little orderlies! At night they climbed a ladder to sleep with the scurrying chippies under the hospital eaves, and day in a burst of confidence told me of their ambitions to become great specialists; and I can only hope that Canada in the not too distant future, her war ended, will place within the grasp of all her poor, ambitious, clever children the means of obtaining a college education.

To-night it must be very lonely in Camp Lewis. The ghost on Ghost Rock, always a cold, unfriendly spirit, must brood gloatingly over the dark and silent Chateau, and the forbidden and forbidding Rock of Gibraltar must appear as withdrawn and remote as the glittering reflection of the nothern stars in the cold and silent lake, while the waters of the Suez must flow with an unnatural tranquillity over their brown sands. Perhaps the whip-poor-will, if he sings this early in the Spring, has come back to the tree below the hospital but his clear notes can only emphasize the eerie silence of the campus.

On the Great Rock of Leukamis the new green leaves will be budding. This is where Louis, the descendant of Mohawk Chieftains, told his beguiling tales to an awed and silent audience, and where to prove their worthiness of admission into the Honour Tribe, the young braves, to the accompaniment of shrill cries and the beating of tom-toms, were tortured at the stake before the huge camp-fires and later, their faces to the lake as the light died upon it, the members of the tribe chanted their invocations to the Great Turtle. Here, over the dead ashes of many camp-fires, the Great Spirit must wonder if those eager young warriors will one day be called upon, as so many of his former braves were called upon, to prove that manhood in flaming skies or in dark and lonely oceans. Like the campus and the Chateau and the hospital He, too, must wait for the coming of summer and the return of the boys.

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# Bromism

EDITH M. PULLAN

In the study of materia medica a portion of the study of each drug is devoted to toxicology. The alert and observant nurse with a good foundation of fundamental knowledge can prevent the toxic symptoms occurring in a patient while in hospital, through proper and prompt application of theory and

practice. The patient is thus safeguarded because he is under constant observation. The average out-patient has a limited or no background of knowledge which would enable him to realize the danger of taking medications beyond certain limits. This pertains especially to some of the ingredients which are contained in patent medicines.

There are certain drugs which are used extensively in patent medicines that are proving to be the cause frequently of toxic conditions. The drugs to which I refer are the bromide salts. These drugs are used in many so-called nerve tonics and headache remedies. Bromides are available to the public by just requesting them from a pharmacist. Moreover, a prescription containing these drugs can be refilled unless, of course, the physician especially states otherwise in the preliminary prescription.

Let us review the action of the bromides. They affect the central nervous system in such a way as to act as a depressant. They act on the entire nervous system, the brain, the spinal cord and the nerves. They relieve pain slightly and produce sleep, especially in nervous patients. The mental activities become rather sluggish. There is a diminution of the response of the muscles to stimulation, a lessening of nervous and emotional excitability and a decrease in reflex action. Because the bromide molecules are too large to pass through the tissue in the glomeruli of the kidney, they tend to accumulate in the body tissues thus producing a variety of effects. One effect of this accumulation is a skin rash caused when an attempt is made by the body to eliminate the drug through the skin. The rash may become very pronounced and develop into ulcers. The second effect may be a mental condition that is characterized by certain changes in behaviour and mental mechanisms. The signs and symptoms displayed are usually characteristic when the toxicity affects the patient in this particular manner. He becomes extremely confused, losing the ability to organize his thoughts. Familiar objects resemble nothing that is commonplace. He fails to recognize the day or month; he has no idea of his surroundings; they do not convey to his mind the memory of previous experiences. His friends are strangers to him. Furthermore, the thoughts that are in his mind are often vividly interpreted by false sensory impressions or hallucinations. Impressions of a visual nature are most common. These usually take the form of very fantastic, frightening monsters or wriggling objects. These are very often described in detail by the patient. They appear to him to be very real and markedly influence his behaviour. Other sensory perceptions which may be manifest are false sensations of taste, such as a feeling that the food is poisoned, or false auditory sensations are heard. Combined with these abnormalities of mental activity and behaviour is the failure to heed visceral stimulation, resulting in faulty habits and incontinence. Also there is a marked tendency to disrobe.

The patient's need for medical treatment and nursing care is very great. The curative treatment is specific and extremely effective when instituted. Sodium chloride, grains fifteen to twenty, is given by mouth, three times a day. If this form is not tolerated, it can be given intravenously. Fluid intake is increased by intravenous infusion of 1000 to 2000 cc. of 5 per cent glucose in saline daily. Vitamin B is given intravenously also.

The nursing care is extremely important. The environment must be protective in order to prevent the patient from becoming harmed due to his activities. Daily baths stimulate the elimination of the toxic substances through the skin. The water used for these baths should be as warm as possible to activate the sweat glands. This immersion removes any of the irritating bromides from the skin surface, thus preventing ulceration. Care must be taken to remove all excreta from the skin because these patients neglect personal habits. Nourish-

(*Continued on page 470*)

# PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association

## Personnel Policies and Practices in Public Health Nursing

DOROTHY DEMING

Public health work is a partnership concerned with promoting good public relations. No matter how skilled your staff, or complete your equipment, or beautiful your building, the health of the public will not be greatly advanced if your relations to the people in your community are not happy. The impression which the public receives of your work stems mainly from personal contacts — day in and day out. It is trite but true to say that even the tone of voice of the clerk who answers the telephone influences the public's reaction to your service. How much more important is it then that the members of a staff who meet clients at home, on the street, and in clinics be equipped with every advantage and skill in making and keeping friends. Underlying the productive capacity of workers to win the public's friendship are smooth-working relationships *within the staff itself* — what we call fair personnel policies and sound administrative practice.

Let us examine the working relationship between the health officer and the nursing staff. What factors promote good service to the public?

The public health nurse expects three perfectly definite things from the health officer.

The first is *information*. She expects, if she is new to the position, to be told about the health department's program, the plan of work, the special problems in the community as the health officer sees them. As she becomes familiar with these, she expects to be kept informed of new developments, of changes in policy or schedules. Many a health officer has been known to initiate new services, discontinue routines or change policies without discussing them with the nurses — indeed without even notifying them. It is pretty disconcerting when this happens. Not only is the day's schedule upset, but sometimes the staff nurse is left "out on a limb" quite unsupported by her department. May I give a simple example?

A health officer discontinued Schick testing the children entering school in the preschool clinic, having agreed with the school physician that the latter would take over the job. The field nurse was not notified. She had in the meanwhile laboured hard to persuade Mrs. Jones to take her two preschool children to the clinic for the Schick test. At last Mrs. Jones appeared, her brood in tow, only to be told that the test had been discontinued. How much faith will Mrs. Jones have in her public health nurse in the future? How kindly does the nurse feel toward her health officer?

The public health nurse wants infor-

mation of a formal kind also. Are you planning to use a new drug, new technique or new approach to a problem? The more the public health nurse knows about it the better assistance she can give you. Keep her up to date, please! Urge her to attend professional meetings and subscribe to professional journals. Share your new books with her. She wants to feel that you welcome her questions. Make it easy for her to consult you. If several nurses are employed, they will expect some formal in-service training, especially before the introduction of a new service.

The second attribute the nurse expects to find in the health officer is *understanding*. When only three people show up at clinic when thirty are expected, when the newspaper reporter misquotes the figures of the annual budget, when Mr. John Doe blows up in the office about the "neglect" of his condition—please get the facts before you take a stand implicating the nurse. The nurse protects you from many a hard knock and she expects you to understand the conditions under which she is working. She assumes you are on her side. In a true partnership not only are triumphs and failures shared but policies are adhered to until mutually abandoned. A public health nurse once said to me, "When Dr. Blank gives us his orders, they are not orders at all, but plans for a joint adventure."

Lastly, the public health nurse looks to the health officer for *inspiration*, and I really mean inspiration. Is her work good? Why not tell her so. Have you just received figures showing a lowered death rate from tuberculosis, or lower infant mortality? Share the report with the nurse before she reads it in the newspaper. Has that appropriation come through for a new x-ray machine? Interrupt staff conference and tell the nurses! Most important, give credit where credit is due. Elementary? "Very elementary, Dr. Watson!"

To consider the reverse side of this partnership. What does the health officer expect of the public health nurse?

The first is *preparation*. He expects the nurse to have had sufficient special training in public health to understand the aims of his program and the methods of attaining them, so that he can entrust the nursing service to her. If only one nurse is serving on his staff, he expects her to come to him when necessary, but to be quite capable of planning her work and proceeding without his constant oversight. He wants to have the kind of confidence in her that he would have in a business partner, so it is up to you—in your turn, Miss Public Health Nurse, to share your successes and failures relating to the service with him and discuss new plans before adoption.

Secondly, we may as well face it — the health officer seeks a *good-looking nurse!* Perhaps no more hopefully than the public health nurse looks for a handsome health officer. We might compromise on personal neatness, good health and mental alertness. Throw in good judgment, dignity and tact, and you have an acceptable worker under any title. Naturally, you want a contented worker. Pleasant, convenient living quarters, a good salary with regular increases, promotion for satisfactory work, and generous vacations and sick leaves all tend to make happy as well as healthy workers. You should, of course, require a satisfactory health record when a nurse enters a position. If you want to maintain energetic, interested and alert nurses may I suggest you set a good example yourself, doctor? Do you—for instance—take preventive sick leave, a long week-end or two or three consecutive days off, when you have been putting in a lot of overtime? Do you come back on a part-time schedule for a week or two after a bout with serious illness? Do you stay home when you are in the coryza stage of the common cold? If you do these things, the nurses will, too. After all, a teacher with the sniffles is not a very convincing example to others of the grave danger of spreading disease through coughs and

sneezes. One of the reasons you have a right to expect a wholesome looking nurse is because the public judges your product by her appearance. Sickly, untidy, weary nurses cannot sell health, whereas an attractive, workmanlike appearance inspires confidence. Miss Marion Howell has expressed this well: "In one day a public health nurse, attractively uniformed, well poised, cheerful and enthusiastic, making her way from home to home, from school to school, from one part of a large factory to another, or meeting many people in clinic, may do much to make or mar the standing of nursing in the community."*

This is the day of uniforms, and their convenience, general becomingness and good style are appealing to all nurses, besides providing the public with a means of recognition. If your nurse wants to wear a uniform, encourage her to do so.

The third quality a health officer looks for in a public health nurse is *maturity of judgment* and action. I really think a health officer expects more self-reliance and common sense from a public health nurse than from anyone else in the world—*not* excepting his wife. When everything goes wrong, half the staff are ill, flu is rampant, the clinic overflowing with patients and the doctor's car breaks down six miles from the office — the public health nurse must carry on. You expect her to conduct herself on all occasions with restraint, affability and intelligence. You expect her to improvise a sphygmomanometer sleeve from an old tire tube or a tire tube from an enema bag! Nothing is beyond her. And that is as it should be. Reliability is a fundamental characteristic and indispensable to the program you are directing.

What if the business partnership does not live up to these high ideals? The health officer may find the nurse flighty, the nurse may look in vain for explanations of policies from the health officer. That is the point at which the nursing supervisor or consultant has her greatest usefulness. She steps in as the "great facilitator." To her should go all problems relating to individual difficulties. I well remember the occasion some years ago when a health officer with a staff of ten nurses asked why he should spend city money on a supervisor. He had always supervised the nurses himself. Our national staff gathered a bushel-basketful of reasons. I give you a condensed version of them.

Primarily, the supervisor adjusts the details of the nurses' work to the needs of the community in accordance with the large plan adopted by the health officer — thereby saving time and overlapping of effort, and stretching the service to reach more people.

The supervisor interprets the capacity and reactions of the staff to the administrator and his administrative policies to the staff. She is an impartial spokesman for the members of the partnership. This interpretation is not something that is done at ten o'clock Monday morning. It is a continuing, finely adjusted process requiring close observation of the daily work of the staff and a clear understanding of the purpose back of the health officer's plans.

The supervisor serves as a teacher of (1) the new nurse learning the work; (2) the nurse not so completely prepared as we could wish; (3) the nurse facing new or difficult situations; (4) the whole staff when the number warrants in-service training programs; (5) the students assigned for field practice.

The supervisor develops community relationships and resources, is sensitive to social trends and legislation as they affect the nursing work, and finally, the supervisor guides each member of the staff toward the attainment of her fullest capacities.

Today, every health officer has a right to expect good work from well-prepared nurses under competent supervision.

I have tried to offer some very simple

*Public Health Nursing, May 1941, p. 298.*

suggestions for strengthening personnel policies in health agencies and to point out places at which the machinery may squeak a bit, thus threatening the good impression we make upon the public. Whether you *need* to use the oil can—or want to—only you who are in the partnership know. I recommend listening rather frequently for sounds of faulty gears.

## Metropolitan Health Committee, Vancouver

The following nurses were recently appointed to the staff of the Metropolitan Health Committee, Vancouver:

*Margaret Carswell* (University of Alta. Hospital and University of Toronto); *Corinne Eriksson* (St. Eugene's Hospital and University of B. C.); *Dorothy McKerracher, B.A.* (Royal Victoria Hospital and University of Western Ont.); *Queenie Donaldson* (Ottawa Civic Hospital and University of Toronto); *Margaret Cammaert, B.A.Sc.* (University of Alta. Hospital); *Jennie Hocking* (Royal Jubilee Hospital and University of B.C.). Miss Hocking has returned to the Metropolitan Health staff following a year's absence. *Mrs. Margaret Allan, B.A.Sc.* (Vancouver General Hospital and University of B.C.); *Miriam Coone* (Royal Columbian Hospital and University of B.C.)

*Mrs. Jeanne (Gall) Worrall, B.A.Sc.* (Vancouver General Hospital and University of B.C.) has been appointed on a half-time basis as a public health nurse. *Mrs. Shelagh (Williams) Harris* (University of Toronto); *Mrs. Sadie Duggan, B.Sc.* (University of Alta.); *Dorothy Ehnes* (University of Toronto); *Betty Chinn* (Royal Alexandra Hospital and University of Alta.); *Marion Macdonell, B.A.Sc.* (Vancouver General Hospital and University of B.C.) Miss Chinn and Miss Macdonell have been granted leave of absence to join the R.C.A.M.C.

*Dorothea Shields* (Winnipeg General Hospital and University of B.C.) has been awarded a scholarship by the W. K. Kellogg Foundation for a three-month period of study in the State of Michigan. *Phyllis Reeve* (Hospital for Sick Children, Toronto, and University of B.C.) and *Norah Armstrong* (Vancouver General Hospital and University of B.C.) have returned to the staff following completion of the supervision and administration in public health nursing course at the McGill School for Graduate Nurses. *Mrs. R. (Granger) Greenwood* (Vancouver General Hospital and University of B.C.) recently resigned.

## Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers and resignations from the Victorian Order of Nurses for Canada:

*Marion Slater* (University of Toronto School of Nursing) has been appointed to the Toronto staff.

*Marion Scholfield* has been transferred from the Toronto staff to take charge of the Cobalt Branch. *Lucille Beaudet* has been transferred from the Moncton staff to take charge of the branch in Digby temporarily. *Gladys Bowman* has been transferred from the Galt staff to take charge of the Guelph Branch. *Edna Dysart* has been transferred from the Digby to the Moncton Branch.

*Jean Williams* has resigned from the Cobalt Branch and *Olga Friesen* from the Kitchener Branch and have been appointed to UNRRA. *Annette Martin* has resigned from the Guelph Branch and *Pauline Roger* from the Sherbrooke staff to be married. *Blanche Bishop* has resigned from the Toronto staff to accept a position in industry.

# HOSPITALS & SCHOOLS of NURSING

Contributed by Hospital and School of Nursing Section of the C. N. A

## Tuberculosis Affiliation Course

FERNE TROUT, B.A., B.A.Sc.

DETAILS OF ORGANIZATION:

For some years past, most of the schools of nursing in British Columbia have had a percentage of their student body receive some theory and training in tuberculosis nursing. Until 1943 this experience was provided mainly by the in-patient treatment centres of the Division of Tuberculosis Control, which are located at Vancouver, Tranquille and Victoria. Stress was put on bedside nursing techniques. With the spotlight now focusing on more efficient case-finding methods, more adequate clinical facilities and an expanding public health program, tuberculosis nursing has broadened in outlook and scope. As a result of these changing ideas, in the Fall of 1943, it was decided, after members of the Division met with representatives of the Registered Nurses Association of British Columbia, that the affiliation course should be centralized, should include experience in all phases of the work and accommodate as many as possible of the student nurses in British Columbia. The cost of the course was to be defrayed by the Provincial Government. In July of 1944 a qualified instructress was placed in charge of the course which was organized at the Vancouver or Central Unit of the Division. Twenty-eight affiliating students changing every five weeks enables the students from five of the province's seven training schools to obtain a concentrated course of theory and practice in tuberculosis nursing. Of the two schools not participating, one has organized a course as much along the same lines as possible, and the other is unable to utilize the facilities at present, because of the lack of living accommodation for the students.

THE PHYSICAL SET-UP:

The Vancouver Unit of the Division of Tuberculosis Control is located at 2647 Willow St. It includes an in-patient treatment centre of 160 beds and the main Stationary Clinic for out-patients. The treatment centre accommodates both medical and surgical cases and most of the chest surgery for the Division is done in this Unit. Also, medical and diagnostic problem cases are admitted to this Unit where specialist services are available. The Stationary Clinic is divided into two distinct parts. The Survey Clinic carries out an extensive case-finding program and the Diagnostic Clinic provides complete diagnostic facilities as well as giving treatments to out-patients and supervising discharged cases.

### How the Plan Operates:

Before commencing affiliation at the Division of Tuberculosis Control the students have had approximately two years training at their parent school. They have had lectures in communicable diseases and learned isolation technique as it is carried out in their own hospitals. The students come in in two groups, one week apart. This necessitates repeating introductory lectures, but it also means smoother administration from staff placement point of view and gives the students some orientation and out-patient clinic experience before they proceed to the district.

The morning of arrival they are first given a lecture on tuberculosis techniques and emergency treatments. This includes a demonstration of gown technique. Before proceeding to the wards and departments the students are all given tuberculin tests and miniature x-ray films are taken. This is done routinely the first day unless the student complains of a very severe reaction to a previous tuberculin test, in which case the x-ray film only is taken.

With just five short weeks it is necessary that the students be rotated quickly to ensure uniform experience for all. Each student spends two weeks on one of the medical floors and a week each with the surgical department, out-patient clinic and the Metropolitan Health Committee, which is the health agency for the city of Vancouver.

While on the medical floors they do bedside nursing and carry out all routine procedures. The regulation garb worn on duty is a short sleeved Hoover uniform. An isolation gown is worn over this when in active contact with the patient or his belongings. Each week a patient on the floor is discussed at a student conference. These discussions are informal, and the cases chosen illustrate some of the social and medical aspects which together have contributed to the individual's breakdown. A social worker and the student instructress attend and try to help the student visualize the full scope of tuberculosis nursing and the community and social aspects which are so important. In the surgical department experience is given in bedside nursing of thoracoplasty and other surgical cases. Whenever possible students are permitted to see any special treatments or operations.

*Giving nursing care*

The week in the out-patient clinic always directly precedes the week with the public health agency. Here the affiliating students see how our Survey Clinic operates, doing tuberculin testing and taking miniature x-ray films. In the Diagnostic Clinic they learn how histories are taken, physical examination and other differential diagnostic procedures are carried out. Film readings, bronchoscopy and lipiodol injections and other special examinations are observed and they are given an opportunity to participate in clinic activities as much as possible. They also attend medical and rehabilitation staff conferences held weekly.

The Metropolitan Health Committee in Vancouver carries out a generalized public health program in the community. Consequently, when the students are with the Committee they are assigned to a public health nurse and have the opportunity to observe all phases of the community health program, infant and pre-school welfare, school health services and tuberculosis being the three main services covered.

The lectures given are eighteen in number and run concurrently with the practical experience. Since the students have no night duty and work straight eight hours, they are given during on-duty time. This also allows parent schools to arrange any other lectures at non-conflicting hours. Lectures are presented by six doctors, specialists within the Division, the heads of the different departments such as clinic, social service and laboratory, and the student instructress. At the end of the five weeks a written examination is given. A reading room is available to the students where reference texts and current magazines are on hand. The main text on which our lectures are based is the "Handbook on Tuberculosis" by Dr. W. H. Hatfield, which came into print last year. This book refers more specifically to this provincial set-up and is available to the students at twenty-five cents a copy. When circumstances permit, students are allowed off the wards to do assigned reading.

*The Vancouver Unit*

On completion of the course, a resume of student experience is sent to the parent school with their examination mark and a rating sheet drawn up to cover all specific phases of the course. In so far as health follow-up work is concerned, any student coming in with a negative tuberculin test is re-checked six weeks after completion of the course. This is done by the parent school with material sent from the Clinic. If any other follow-up is necessary the hospital may do it or they may refer the case to a Clinic of the Division of Tuberculosis Control.

*Regular lectures are included*

PROBLEMS:

This briefly outlines the course. Now, some of the problems which come to the fore when a hospital assumes the responsibility of an educational institution. First, is the integration of classroom teaching and ward practice. This difficulty is being overcome by the development of an organized in-staff educational program. Head nurses and graduates are given the opportunity through regular staff meetings of discussing problems, changes in policy or routines, and trends which are of interest to everyone. More stress is also being put on sub-staff standards, definite teaching and orientation of orderlies and ward helpers. The patient teaching program, too, is at present progressing on a more systematized uniform basis. The success of any institutional teaching program, which includes so many phases, depends on the whole-hearted support and co-operation of all individuals concerned.

A second problem at this Unit has to do with living quarters for students from out-of-town schools. There is no residence here and, at present, parent schools must make the arrangements for living accommodation. Some of the students commute some distance each day and this means not only inconvenience to the nurses but necessitates arrangements for hours compatible with travelling conditions. When the housing situation becomes less acute, living accommodation may be arranged close to the hospital for out-of-town affiliates.

Since this course has gone into effect most enthusiastic co-operation has been received from the training schools and the students. The work is both interesting and worthwhile. Problems are constantly arising and policies need many changes and modifications but on the whole a little thought and effort seems to keep things running on a fairly smooth basis. Both students and staff have responded most satisfactorily and it is our hope that this response will have far reaching effects.

POSSIBLE RESULTS:

Many sanatoria throughout Canada complain of inability to obtain staff mainly because of fear of contracting the disease and lack of specific knowledge concerning it. In British Columbia, we feel that these problems should be dealt with during the training period by including supervised, planned experience in tuberculosis nursing as part of the curriculum, and that such problems will then resolve themselves. Certainly, graduates who feel unqualified and who have had no incentive will not voluntarily choose an unknown field to specialize in. And yet, it is a field which stimulates nursing ability, knowledge and skill, and if presented in its proper light should attract worthwhile personnel. Consequently, we consider that this step will definitely show results and that it is an important part of our whole program.

It is also well recognized that participation by every individual in the community is essential before tuberculosis can be controlled and that a planned educational system is necessary if each individual is to be brought to the realization of his responsibility as a member of the community. The effectiveness of any educational program depends on the alertness, interest and qualifications of a well-trained staff. Nurses, regardless of what branch of nursing they pursue, are in an ideal position to teach the salient facts of prevention and control but only by affiliation can we stimulate their interest, bring about a realization of the extent of the problem, and provide them with the necessary knowledge and skills to help overcome it. Their participation in this program is part of their contribution both as citizens of their community and as members of their profession.

# GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

## An Interesting Surgical Case

DOROTHY THOMAS

Mrs. S. was not the usual type for gall bladder trouble, her weight being about 110 pounds, thirty-nine years of age, and slightly over five feet in height. For nineteen years she had had occasional attacks of dizziness and vomiting preceded by dull aching pain in the left scapular region. For the past six and a half years there was also pain in the epigastrium, at first a smothering sensation, becoming acute pain. During the last two years attacks were more frequent. Constipation was marked though no jaundice was present. There was some tenderness in the upper right quadrant of the abdomen.

Mrs. S. entered the hospital June 20, 1944, and x-ray of the gall bladder indicated cholelithiasis. She was prepared for operation and as she was very nervous was given divided doses of luminal in the afternoon, seconal grs. 1½ at bed-time. Seconal grs. 3 was given preoperatively.

When the cholecystectomy was done under general anesthesia, a large number of small stones were found in the gall bladder. The common duct was explored and no stones found in it. Upon return to her room her pulse was quite weak and irregular for a few hours. However, she has low blood pressure and her pulse is always easily compressed. Two thousand cc. of 5 per cent glucose in normal saline was given intravenously.

Previous experience indicated that Mrs. S. did not tolerate any derivatives of opium, so sufficient seconal in 3 grain doses was given rectally to keep her drowsy for the first three days. She was very restless and changed her position every ten or fifteen minutes.

Progress was good except that a slight jaundice was noted on the second postoperative day. Jaundice became more marked but varied from day to day, at times appearing to clear. Urine contained visible bile and stools varied from gray to brown.

She sat out of bed on the tenth postoperative day and was discharged from the hospital on the fourteenth day. The doctor was quite disturbed about the jaundice but decided to watch her for a time. During the following weeks she was greatly troubled by itchiness of the skin. Her bowels moved very freely and the stools were gray and grayish-brown in colour, the urine contained much bile.

Mrs. S. returned to the hospital September 4, 1944, very jaundiced, skin dry and very itchy, temperature 99.2 degrees. She had had a cold and was still coughing. Her urine contained much bile and a trace of sugar which persisted for one week. Hemoglobin 68 per cent,

R.B.C. 3,620,000, W.B.C. 9,150. Her bowels moved freely, some stools were gray and others grayish-brown in color. She was allowed bathroom privileges. One ampule of vitamin K (Kavitan) was given intramuscularly, daily. Her appetite was fair and she was given a low-fat diet.

On September 9 a transfusion of 500 cc. of citrated blood was given and on September 11 her hemoglobin was 91 per cent, R.B.C. 4,350,000 and W.B.C. 9,500. Cough medicine had very little effect but Mrs. S. slept fairly well at night. Her temperature was normal with occasional slight elevation. Bleeding time was 3 minutes and coagulation time, 6 minutes 20 seconds. The doctor decided to operate on September 12.

Mrs. S. was able to secure the same three nurses she had had before, and this gave her more confidence and she was much more resigned to the second operation than to the first. Luminal was given the night before and seconal grs. 3 per rectum, one and one half hours before going to surgery.

It was a very difficult operation, taking three and one half hours. Adhesions had caused a kink in the common bile duct and it was hard to separate the duct from the portal vein. The upper end of the common duct was opened and a No. 18 catheter was inserted into the duct up through the left hepatic duct to the liver and sutured with No. 0 catgut, the other end implanted in the stomach wall for a distance of 5 cm. down to the mucous membrane. The tube will ulcerate into the lumen of the stomach. A Penrose drain was placed in the upper part of the incision. The operation was done under general anesthesia — pentothol sodium 1.0 gm. intravenously, followed by ether.

Transfusion of 500 cc. citrated blood was started immediately upon return to her room, followed by 5 per cent glucose in normal saline intravenously. Pulse was a good quality, 112 gradually dropping to 90, respirations shallow and ranging from 30-36 per minute. Mucus in her throat was troublesome and considerable clear and white frothy mucus was expectorated. There was no nausea. She was conscious shortly after returning to her room, and very restless, changing position about every fifteen minutes. She was kept in a twilight sleep by seconal given rectally for the first three days; to all appearances she was asleep but would do what she was told to do. She was given only hot water by mouth for three days, and 5 per cent glucose in normal saline intravenously.

The day following her operation transfusion of 200 cc. of citrated blood was given. Each transfusion was followed by elevation of temperature but no other ill effect. On September 14, her hemoglobin was down to 72 per cent, R.B.C. 3,930,000, W.B.C. 20,000. There was considerable sanguinous bile drainage. She had very little distress from gas, and progress was satisfactory. No intravenous was necessary after the fourth post-operative day, as she was taking adequate fluid by mouth, although she was nauseated that day for the first time. While she was so drowsy it was necessary to catheterize her; the urine contained much bile and had an offensive odour.

There was a slight enlargement of the abdomen which could not be accounted for and during the night of September 17 her temperature rose to 102 degrees, her pulse 110, respirations 36. There was engorgement and discoloration around the incision. On the morning of the 18th, the doctor removed one suture and probed the incision. There was a medium amount of dark sanguinous discharge. This increased in amount and became bright red. In the evening a pressure pad was placed over the wound. Bleeding continued and became quite alarming although the pulse remained a fair quality and did not go above 122. On September 19, neohemoplastin 5 cc. was given and repeated in four hours, also two transfusions of 500 cc. each were given and

by midnight the hemorrhage was under control.

On September 20, her bowels began to move very freely, the stools grayish brown and brown in color. This laxity continued until October 3, when she became quite constipated and it was necessary to use enemata and laxative.

On September 22, the skin clips were removed from the upper part of the incision, the lower part having been closed with silk thread. On September 23, the temperature was normal, pulse 90, respirations 24, and Mrs. S. was at last able to take soft diet although her appetite was not good. September 27, the Penrose drain and all sutures were removed and another transfusion of 500 cc. was given. There was free bile drainage until October 1, when it suddenly stopped.

Mrs. S. felt better and was sitting up in bed and on October 3 sat with her feet out of bed. The next day she complained of distress in the epigastrium which she described as wave-like contractions in her stomach. This appeared to be aggravated by the ingestion of food and made it difficult for her to eat. She eructated much gas. By evening her temperature was up to 101 degrees, she was depressed and very exhausted.

The following morning she had an emesis which contained bile, she ached all over, perspired freely and by the evening of October 5 her temperature was 103.8 degrees, pulse 118, respirations 26. During the night the incision began to drain bile again and the temperature dropped to normal. The contractions gradually became less marked and appetite improved. Jaundice which had varied in degree, at last began to definitely clear.

On October 7, the urine contained very little bile and continued to be light in colour. The cough was persistent, appearing to be due to post-nasal drainage, and was more marked in the early morning. October 10, Mrs. S. sat out of bed for twenty minutes. The jaundice was not clearing as fast as we had hoped, and she was becoming somewhat depressed. Each time the wound sealed over and ceased to drain she became very uncomfortable and had a rise of temperature. A catheter was inserted in the wound periodically to keep it open.

On October 13 she was taken out-of-doors in the wheel-chair and that buoyed her up considerably. It was a beautiful autumn and the trip out-of-doors was repeated every fine day. Following an elevation of temperature to 102 degrees on October 20, the lower part of the incision opened and drained bile freely.

On November 2 Mrs. S. was fluoroscoped and the tube could be seen, still in position. Contractions were less severe and less frequent. She was discharged from the hospital November 4, the wound still draining freely. She was gaining from one to one and a half pounds a week but otherwise there was little improvement. Each time drainage ceased she became nauseated and had a high temperature and was becoming very discouraged. This continued until a few days before Christmas when drainage suddenly ceased, this time with no ill effects. Jaundice had completely disappeared and her general condition was good.

I had hoped to report that she had passed the tube but x-ray early in January revealed that it had moved very little. This causes no concern; the tube may be retained for years. Adhesions form linking the hepatic duct with the stomach.

## Home Economists' Convention

At the request of the Canadian Home Economics Association, attention is drawn to the conference to be held in Winnipeg, August 27-31, 1945. A glance at the list of well-known authorities who have accepted the invitation to speak indicates a stimulating and vital program. Home economists from all over Canada are invited to attend.

# Interesting People

**Ruby M. Simpson, O.B.E.,** has retired from her work as director of nursing services, Provincial Department of Public Health, Saskatchewan, which position she has held since 1928. Only last year, Miss Simpson was a recipient of one of the three Mary Agnes Snively Memorial Medals, awarded for outstanding contributions to nursing in Canada.

Born and educated in Manitoba, Miss Simpson entered her training in the Winnipeg General Hospital after serving as a teacher in the Winnipeg public schools for five years. Following graduation she commenced her nursing career in Saskatchewan, first as public school nurse with the School Hygiene Branch with the Department of Education, then in 1920, as health instructor in the provincial Normal School, Saskatoon. Her talents received early recognition and in 1922 she became director of school hygiene for the province, leaving that post to assume her wider duties.

Throughout the years, Miss Simpson constantly gave of her time and strength to work with the nursing associations. For five years, she served as president of the Saskatchewan Registered Nurses Association, leaving this office for the broader field of leadership as president of the Canadian Nurses Association. The four years of her presidency, 1934-38, were rich in development under her sound guidance. It was during this time that Canadian nurses were honoured when Miss Simpson became an officer of the Order of the British Empire, civil division.

Miss Simpson's retiral to her beautiful home on Vancouver Island will provide her with full opportunity to devote her energies to her garden and her books. We wish her many happy years among her flowers.

RUBY M. SIMPSON

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**Elizabeth Bell Rogers** has recently accepted the position of registrar and executive secretary with the Alberta Association of Registered Nurses. Born in Weston, Ontario, Miss Rogers has records which trace her English and Scottish ancestry back to the fourteenth century. Educated in Ontario, she taught school for several years before entering the School of Nursing of the Royal Victoria Hospital in Montreal. Subsequently she prepared herself for teaching and supervision in schools of nursing at the McGill School for Graduate Nurses, graduating with marked distinction. After four years on the teaching staff at the Royal Victoria Hospital and a like period as director of the teaching department of the Ottawa Civic Hospital, Miss Rogers became the superintendent of nurses in The General Hospital, St. John's, Nfld. Immediately prior to moving west, she was superintendent of the hospital in Grand'Mère, Que.

Miss Rogers brings many unique gifts to her new position. In addition to her broad experience in schools of nursing, she has long been keenly interested in the work of provincial and national nursing associations. She served her ap-

prenticeship on the executive of the Canadian Nurses Association while chairman of the Nursing Education Section of the Registered Nurses Association of Ontario. Her knowledge of association activities will prove a strength in her new work.

Being a well-rounded personality, not all of Miss Rogers' energies have been expended on the professional side of her life. She knows the lure of the out-of-doors and can handle a canoe in summer or a curling stone in winter. Antique furniture, reading, and knitting claim her interest indoors. The good wishes of her colleagues follow Miss Rogers to her new field of endeavour and her success in Alberta is confidently predicted.

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**Elizabeth Smith, B.A.,** has recently been appointed to succeed Ruby Simpson as director of nursing services, Provincial Department of Public Health, Saskatchewan. Of Scottish ancestry, Miss Smith was born in Ontario. Most of her preliminary education was received in Saskatchewan, including her university work. After having taught in rural public and high schools in Saskatchewan, Miss Smith commenced her nursing career by entering the school of nursing of the Vancouver General Hospital. Following her graduation in 1926, she returned to her prairie home to take charge of the health department of the Provincial Normal School in Moose Jaw. This work included the supervision of the health of the student teachers and instructing in health education. Miss Smith was one of the early recipients of a fellowship from the Florence Nightingale International Foundation and spent a year studying public health nursing at Bedford College, London, England. She was president of the Saskatchewan Registered Nurses Association for three years and has always participated actively in nursing association affairs. Miss Smith has a keen mind and is very progressive and alert to all the new developments in her chosen field, which augurs well for the success of her department. We wish her well.

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**Marie Brigitte Laliberté, B.S.,** has recently returned to Montreal after receiving her degree at Columbia University, New York, to assume the duties of assistant director of nursing services with the city health department. Born and educated in the province of Quebec, Miss Laliberté graduated from the St. Jean de Dieu School of Nursing in 1927. For two years she served as a head nurse at the Greystone Park Hospital, Morris Plains, N.J. When she joined the staff of the Montreal Department of Health she became particularly interested in the work of the mental hygiene division.

ELIZABETH B. ROGERS

ELIZABETH SMITH

*Garcia, Montreal*

BRIGITTE LALIBERTE

With her other duties she has now become consultant in mental hygiene. Her interests extend to many branches of community and nursing organization activity and have included the presidency of St. Jean de Dieu Graduate Nurses Association, treasurer of District 12, R.N. A.P.Q., and vice-president of the nursing committee of "Le Bureau de la Jeunesse". An all-round person, Miss Laliberté enjoys her tennis and swimming. Her favourite hobby is drawing, though she is also an accomplished seamstress.

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**Mabel Thomson,** a graduate of the Brantford General Hospital School of Nursing and the University of Toronto, has been appointed instructor of nurses at the Niagara Falls General Hospital.

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## Obituaries

The sudden death of **Harriet J. Blanch,** a graduate of the Saint John General Hospital and a member of the Class of 1913, occurred recently at Belfast, Maine. For a period of some five years Miss Blanch was first supervisor, then assistant superintendent of nurses at her alma mater, leaving to accept the position of superintendent of the Aroostock Hospital, Houlton, Maine, where she remained for twenty-five years. At the time of her death she was superintendent of the Waldo County Hospital, Belfast, Maine, and president of the Bundles for Britain Society. She was very active in Red Cross work and all patriotic endeavours as a part of which she lectured on the wartime needs of small hospitals in Maine.

Although she practised her profession principally on the American side of the line she never lost interest in her own School and whenever possible attended the annual dinner of the Alumnae Association.

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**Mrs. Bruce Boreham** (Mary Shaver) passed away recently in Vancouver. Mrs. Boreham was a graduate of the Toronto General Hospital and a member of the Class of 1914.

**Evelyn Edwards** died recently. Miss Edwards was a member of the staff of the Metropolitan Health Committee, Vancouver, for twenty-five years and retired in October, 1944.

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**Mary Jane Gowdy** passed away recently in North Vancouver at the advanced age of ninety-five years. Born in Richmond, Va., Mrs. Gowdy's family moved to British Columbia in 1850. After the death of her husband sixty years ago, she became interested in nursing and worked for many years in St. Mary's Hospital, New Westminster. When training schools for nurses were established in the province, Mrs. Gowdy was fearful that she might have to leave her chosen work. However, the provincial medical examiner, long familiar with her work, gave her a nurse's diploma, the only such certificate ever issued in B.C. to a nurse who had not gone through her regular training.

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**Mrs. Blaine Redfern** (Donella Kinghorn) died recently in Toronto. Mrs. Redfern was a graduate of the Toronto General Hospital and a member of the Class of 1915.

# Notes from National Office

Contributed by GERTRUDE M. HALL

General Secretary, The Canadian Nurses Association

## Conference Called by National Council of Women

At the closing session of the conference of representatives of Canadian Women's National Organizations called by the National Council of Women in February, 1945, and held in Toronto, the opinion was expressed that the forming of a program on which Canadian women can unite was a momentous step. The decision was made to call a second conference to meet May 3 and 4 for the purpose of drafting such a program, based on the recommendations that came forward at the first conference, and arranged by a special committee which the meeting authorized the chairman to appoint. The Canadian Nurses Association was represented by: Miss E. Cryderman, second vice-president; Miss N. Fidler and Miss Electa MacLennan, assistant secretary, C.N.A.

## Visiting the Provinces

In an earlier issue of the *Journal* mention was made of the possibility of the general and assistant secretaries attending forthcoming provincial annual meetings. This objective has been achieved in several provinces thus far. Both the general secretary and editor of *The Canadian Nurse* were privileged to attend the annual meeting of the Alberta Association of Registered Nurses held in Calgary on March 26. Visits were also made to Edmonton, and opportunity was afforded to meet and discuss with various conveners of committees problems relating to nursing and nurses. The Registered Nurses' Association of British Columbia followed, with a two-day session early in April. While the Saskatchewan annual meeting will not be held until June, the officers very kindly arranged general meetings in Regina and Saskatoon, thus affording opportunity to meet many nurses in that province of widely scattered population. Manitoba followed with a two-day sessioin. The assistant secretary attended the Ontario annual meeting.

Although many and varied were the topics of discussion in each province, the similarity throughout was significant of the real effort on the part of nurses everywhere to meet the many demands being made upon them, both now and for the future.

## British Nurses Relief Fund

Several provinces have continued to send funds collected for the British Nurses Relief Fund. In this connection we gratefully acknowledge the receipt of a donation of $150 from the Trail Chapter, Registered Nurses' Association of British Columbia.

Extracts from letters received from British recipients have appeared in recent issues of *The Canadian Nurse*. They give some idea of the distress that bombing can and has caused in the lives of our sisters in Britain. Because of the steady V-bombing and increased air bombing

during the latter part of February and March and the daily announcements of casualties in London and Southern England, the convener of the British Nurses Relief Fund requested the secretary to secure the opinion of the members of the Committee in reference to sending a further donation to Britain. It was unanimously agreed by the Committee that a further sum of $5,000 should be sent to the Royal College of Nursing to be used as required.

Following is a financial statement of the Fund for the period October 15, 1944, to April 25, 1945:

| | | | | | |
|---|---|---|---|---|---|
| By Bank Balance, October 15th, 1944 | | | | $9,214.44 | |
| Interest — Bank | | | | 27.26 | |
| Interest — Bond | | | | 75.00 | |
| | | | | | $9,316.70 |
| RECEIPTS: | | | | | |
| December, 1944 — British Columbia | $715.20 | | | | |
| LESS Exchange | .89 | | | | |
| | | $714.31 | | | |
| Quebec | | 1,000.00 | | | |
| | | | 1,714.31 | | |
| Donation — | | | | | |
| Miss Dorothy Gunn | | $25.18 | | | |
| LESS Exchange | | .15 | | | |
| | | | 25.03 | | |
| February, 1945 — Saskatchewan | | | 74.85 | | |
| March, 1945 Trail Chapter (B.C.) | | 150.00 | | | |
| LESS Exchange | | .19 | | | |
| | | | 149.81 | | |
| | | | | | 1,964.00 |
| | | | | | $11,280.70 |
| DISBURSEMENTS: | | | | | |
| April, 1945 — Royal College of Nursing | | 5,000.00 | | | |
| Exchange & Cable Charges | | 1.75 | | | |
| | | | | | 5,001.75 |
| Bank Balance | | | | | $6,278.95 |
| Dominion of Canada Bond | | | | | 5,000.00 |
| Total Assets of Fund at April 25, 1945 | | | | | $11,278.95 |

## Publicity

During the past few years the nursing profession has, in spite of itself, been drawn into the whirlpool of community activity. No longer are we allowed to stand apart and consider only our own affairs in the light of our own needs. In this broadening process we have been constantly surprised to find that there are well-informed citizens who have only very vague ideas of nursing and its affairs, or are in possession of much misinformation on nursing affairs. In the brave, new world it would appear that we will not be permitted to go back into our splendid isolation. Being but one factor in the health cycle of a community, we will have to adjust our organization to fit in smoothly with the other organizations in a community concerned with health. We may even find very keen competition in the field of nursing itself. We are convinced that professional nursing service can only be given by professionally prepared people. The public are not prepared to support this view. Why? Because they do not understand what is meant by professional nursing service.

The Canadian Nurses Association felt that the time had come to assume greater responsibility for giving to the public correct and adequate information on nursing. To this end, a short series of articles will appear in the daily press from Halifax to Victoria during May and June covering very briefly a history of nursing and the development of

the present day ideas of nursing education, the rise of the university schools and development of clinical graduate courses. The recognition of the importance of nursing by the Government is demonstrated through the federal grant, and we seek the support of the citizens of Canada in our endeavours to establish Practice Acts and in general to establish the professional status of nursing.

### Legislation

At the recent session of the Manitoba Legislature, legislation was enacted to provide for the training, examination, licensing and regulation of practical nurses under the Provincial Department of Health and Public Welfare. Copies of the Bill may be obtained from the Provincial Department of Health, Legislative Buildings, Winnipeg.

### Nightingale International Foundation

Mrs. Maynard Carter, chairman of the Provisional Committee of the F.N.I.F., arrived in New York in February, and after meeting with the members of the Executive, International Council of Nurses, visited Toronto where she conferred with members of the Canadian Committee (F.N.I.F.). A joint meeting of these committees was held in New York, May 4, at which Miss J. Masten, convener, Miss F. Munroe, president, Canadian Nurses Association, Miss C. McCorquodale and Miss G. M. Hall, general secretary, represented the Canadian Nurses Association. Miss E. K. Russell and Miss Jean Browne represented the Canadian Red Cross Society.

### Bursaries

Since the last report issued in March, 1945, awards for long and short-term bursaries have been made as follows:

*Long-term*: (Alberta) Marjorie F. Davies, Medicine Hat; (Saskatchewan) Sylvia B. Hagen, Loreburn.

*Short-term*: (British Columbia) Brenda D. M. Carter, White Rock, subject to successful completion of registered nurses' examinations; Fanny A. Kennedy, Vancouver. (Manitoba) Helen L. Gracey, C. Mabel McCaskill, Winnipeg. (Nova Scotia) Anne C. Campbell, Inverness. (P.E.I.) Edith Hume, Charlottetown. (Quebec) Mildred M. Brogan, Anna A. Christie, Marion E. Nash, Hilda Nuttall, Mabel A. Russell, Sr. Edmond du Saveur, Montreal; Sr. Luc de Sainte-Marie, Sr. Marie Majella, Sr. Marie-Paul, Sr. Marie du Precieux-Sang, Sr. Therese d'Alencon, Quebec.

Long-term bursaries issued in 1944-45 125

Short-term bursaries issued in 1944-45 71 Total 196.

## Annual Meeting in British Columbia

The thirty-third annual meeting of the Registered Nurses Association of British Columbia was held on April 6 and 7, 1945, at St. Paul's Hospital, Vancouver. There was a record attendance of more than two hundred and fifty members. Fifty-four members from twenty centres outside Greater Vancouver area were present. Miss Gertrude Hall and Miss Margaret Kerr were honoured and welcome visitors. Miss Grace Fairley presided at the five sessions.

Following the invocation given by Rev. Charles Murphy, a minute of silence was observed in tribute to those of our members who had passed on during the year, to members in the armed forces overseas and with UNRRA, and to those who are anxious for or have lost relatives in the war. Greetings

were extended by Dr. A. K. Haywood for the B. C. Hospitals Association and by Dr. G. A. Matthews, president of the B. C. Medical Association. Messages of greetings were read from Miss Munroe, president, Canadian Nurses Association, Miss Helen Randal, Miss Lyle Creelman, and Miss Frances Upton, for the Registered Nurses Association of the Province of Quebec.

In her presidential address, Miss Fairley referred to the challenge which the future will inevitably bring to nurses and to the Association and she quoted the watchword of the London Congress of 1909: "Life in its depth, variety and majesty — a very sweet and precious gift. Life of which we do well to gauge the value of single minutes — The mere passing of time is not Life". And added: "Surely in this day when life is so precious and yet apparently so cheap, when the passage of time — of every minute — is fraught with such epoch-making and historic events which will affect Life for centuries to come, we might well ponder over our Founder's Message".

In the Friday evening session, the members were privileged to hear two addresses — "Bridges to the Future" by Miss Gertrude Hall and "Over the Editor's Desk" by Miss Margaret Kerr. Miss Hall pointed out that millions of men in the armed forces of Canada and the United States have been receiving the advantages of modern dental and medical care and will not likely be content with anything less and suggested that their demands will hasten the coming of compulsory health insurance. The advances and changes made in nursing education during the war years, in the United States, Great Britain and Canada were reviewed. Miss Hall stated that the developments of placement service would seem to be one of our greatest achievements during the past five years. In this field of activity, British Columbia has led the way. Among urgent needs listed are more general publicity on nursing, representative study groups on and experimentation in nursing education, and for nurses to take their place as citizens. Miss Kerr commented on the rapid growth of *The Canadian Nurse* and told of present and future plans. She urged that more British Columbia nurses send articles and gave a preview of articles soon to appear.

The executive of the Vancouver Chapter were gracious hostesses at a luncheon in the Vancouver Hotel. The guests included Miss Hall, Miss Kerr, Chapter and District delegates and members of the Council. The Friday afternoon tea in the Hotel Georgia, in honour of our guests, was a pleasant interlude in a busy day.

On Saturday afternoon, a round table discussion, "The Practical Nurse", led by Miss Alberta Creasor, was held. Mrs. Paul Smith presented the community and family point of view and Miss Alice Wright outlined the characteristics of a licensing act and listed the immediate and future benefits which would result. The discussion which followed emphasized the need for a suitably prepared worker willing to take on some housekeeping responsibilities, in addition to the care of mildly ill, chronically ill or convalescent patients.

All committee reports were interesting, and evidence increased committee activity. In the report of the History of Nursing Committee, Miss Mabel Gray told the story of the collection of material for the History of Nursing in Canada, now in preparation, and supplied interesting biographical data on the author, Mr. J. Murray Gibbon.

Miss Esther Paulson reported the work of the Joint Study Committee on Health Insurance (representing the Medical, Dental, Pharmaceutical, Hospitals and Nursing Associations) and the progress made on the study of nursing needs and resources. Miss Fairley indicated the use made of British Columbia's allotment of $18,000 for student recruitment and training and of the $9,000 for bursaries for post-graduate courses. Twenty-three R.N.A.B.C. members received bursaries. Among the activities of the Placement Service Committee, Miss Mallory listed the investigation of existing hospital insurance schemes, which resulted in the acceptance of the R.N.A.B.C. as a member group of the Associated Hospitals Services and the enrolment of 174 members; a study of superannuation plans; initiating a course of "Techniques of Counselling" which was offered by the Extension Department of the University of British Columbia and was open to all members; and a revision of the organizational structure of placement service. The convener of the Press and Publications Committee, Miss Janie Jamieson, referred to the generous publicity accorded the R.N.A.B.C. by the press and the gratifying increase in British Columbia *Canadian Nurse* subscribers. A study of exemptive clauses designed to protect nurses compelled

to join unions was made by the committee on Labour Relations as reported by Miss M. MacLennan. The main activity of the Legislative Committee, convened by Miss Alberta Creasor, was concerned with publicizing the need for licensing practical nurses.

At the Public Health Section meeting the results of a study of legislature as it refers to the problems of tuberculosis in Canada was read by Miss Pauline Capelle and created considerable discussion. The Hospital and School of Nursing Section has decided to sponsor an institute on "Head Nurseship" in the Fall, to be held in several centres. At the meeting of the General Nursing Section members reported that staff conferences had been helpful in solving problems within their own institutions.

Miss Braund's report of the work of the Provincial Placement Service indicated that the recommendations regarding salaries and working conditions, approved by the R.N. A.B.C. and B.C. Hospitals Association, have had a gratifying effect in improving conditions for hospital nurses. The director has travelled widely throughout the province and has talked to graduate and student groups on the objectives and work of placement service. Records indicate a steady increase in number of private duty calls, with a greater increase in number of unfilled calls.

The registrar reported an increase of 66 students in the schools of nursing and a total of five hundred new members. Twenty-three students received bursaries from Dominion-Provincial Youth Training Plan Funds.

The reports of Districts and of Chapters in unorganized districts showed a great increase in activity and a broadening of interests. Four new chapters have been formed within the year, bringing the total to thirty.

With the election of 1945-47 officers, the primary objective of the recent revision of the Registered Nurses Act is fulfilled, i.e.; district representation on the Council. The personnel of the Council is: president, Evelyn Mallory; first vice-president, Elinor Palliser; second vice-president, Elizabeth Clark; honorary secretary, Esther Paulson; honourary treasurer, Edith Pringle; immediate past president, Grace Fairley; section chairmen: General Nursing, Elizabeth Otterbine; Hospital and School of Nursing, Emily Nelson; Public Health, Trenna Hunter; councillors: East Kootenay District, to be appointed; West Kootenay District, Margaret Heeney; Kamloops-Okanagan District, Olive Garrood; Greater Vancouver District, Lois Grundy, Katherine Lee, Elizabeth Copeland; Vancouver Island District, Margaret Baird, Myrtle Rondeau.

ALICE L. WRIGHT
*Executive Secretary, R.N.A.B.C.*

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## Blood Flown to the Wounded

Combined figures on east and west coast flights of whole blood to the war theatre has reached 193,000 pints. Since the start of the blood-flying program over the Atlantic last August, 150,000 pints of whole blood have been flown from the east coast to the European theatre. This service has made it possible for a wounded man to get blood within twenty-four hours after it was drawn from a donor here. Shipments now average about twelve hundred pints a day, which provides transfusions for three to four hundred average cases. Whole blood shipments being flown from the west coast to the Pacific Ocean area have totalled 43,000 pints since the inauguration of the service last November.

Whole blood keeps in condition for transfusions five days longer than formerly, or as long as twenty-one days, because of a new system of refrigeration which has been inaugurated. The bottled blood is now being flown overseas in compact, expendable iceboxes made of metal foil on cotton insulating board which keep the blood within safe temperatures: between 39 and 50°F. The containers, measuring 21 x 21 x 25 inches, weigh only 105 pounds when carrying their full capacity of twenty-four bottles. Each bottle contains about a pint and a half of whole "O" type blood. Continued donations of type "O" whole blood are necessary to maintain this life-saving service.

*Office of the Surgeon General*
*Technical Information Division*
*Washington, D. C.*

# Nursing Education

**Contributed by**

**COMMITTEE ON NURSING EDUCATION OF THE CANADIAN NURSES ASS'N.**

## Post-Graduate Courses in Clinical Supervision

These are courses offered primarily for preparation for the position of hospital head nurse or clinical supervisor. Such positions demand a combination of nursing, administrative and teaching abilities. The head nurse is not only the administrative head of the ward, and the person responsible for the nursing done in it, but she is usually also a member of the teaching staff of a school of nursing. For the adequate preparation of such a nurse, there seems to be required a course which will combine instruction in the general principles of supervision and administration, in educational psychology and teaching methods, and advanced instruction and thorough study and practice in nursing in one of the major clinical fields.

This last emphasis, on nursing itself, has come to be considered increasingly important. We have complained for a long time that the head nurse did not teach enough because she had too many administrative duties and because she was not trained to teach. Now we realize that the trouble has often been, not solely that she did not have time and did not know how to teach, but frequently also that she did not know what to teach. The head nurse frequently has gone no further in nursing than her students are expected to go. It will be obvious that this is unusual for a teacher who, in most educational fields, has mastered a far greater content in her subject than she expects her students to do.

For this reason, that a real study of *nursing* in the particular field should be an important part of the preparation of the head nurse, it seems desirable that the applicant for a course in clinical supervision should choose one definite clinical field in which to make this study; that is, she will take a course in medical supervision, obstetrical supervision, or some other specific field. This does not mean that the graduate in, e.g., medical supervision, should hesitate to take a position in another clinical field. She is obviously much better prepared for any supervisory position than the nurse with no special training. The instruction in supervision and in teaching will be the same for all these courses, but, with this, the nursing content of one field will be sufficient for eight months' work.

Several of the university schools of Canada now offer courses in clinical supervision. In some it is possible, though not desirable, to take half the course in one year, and the remainder in the second term of a succeeding year. As an example of the way in which these courses are organized, the following outline of one is given:

The course commences in the autumn term with a two weeks' orientation period in the university in which the work of the year is outlined, reading is assigned, methods of study discussed, and the student prepared for the first unit of field work. A block of six weeks is then given to nursing practice in the clinical field chosen. Here emphasis is not only on revision of techniques, but also on attaining a broader conception of nursing (including the health and preventive and social aspects), and especially on

the planning of nursing care for individuals and groups. After this, the student returns to the university classroom for three months of intensive study in nursing, supervision and administration and teaching. Again she returns to the hospital for two months of field work, which this time consists of practice in clinical teaching and ward administration. The course concludes with two weeks at the university for conference, review, and examinations.

In next month's issue of the *Journal* available courses in clinical supervision will be listed with other post-graduate courses.

## Ontario Public Health Nursing Service

The senior nurses of the seven County School Health Programs recently attended a conference and round table discussion with the director and supervisors of the Division of Public Health Nursing. This is the first time that this group has met together since six of the County programs have come into existence during the past year.

*Mrs. Frances Lindsay* (*Ferris*), B.Sc.N. (Toronto General Hospital and University of Western Ontario degree course in public health nursing) has accepted an appointment with the North York Board of Health.

*Mrs. Dorothy Hawkins* (*Hare*) (Toronto General Hospital and University of Western Ontario public health course) has accepted an appointment with the Middlesex County School Health Unit.

*Elma Ward*, B.Sc.N. (University of Western Ontario and Victoria Hospital, London) has resigned her position with the Welland Board of Health to be married.

The following graduates of the public health nursing course at the University of Toronto have accepted appointments: *Evelyn Cunningham* (Brantford General Hospital) with the Brantford Board of Health; *Winifred Hay* (General and Marine Hospital, Collingwood) with the Kingston Board of Health; *Bernadette Walsh* (St. Joseph's Hospital, Peterborough) with the Guelph Board of Health; *Margaret Wright* (Toronto Western Hospital) with the Haileybury Board of Health; *Mary Kiemele* (Niagara Falls General Hospital) with the Stamford Township Board of Health; *Margaret Roberts* (Toronto General Hospital) with Hamilton Department of Health; *Kathleen Abbott* (Wellesley Hospital) and *Patricia Phillips* (St. Joseph's Hospital, Toronto), with the Simcoe County School Health Unit; *Mrs. Jean Rhoten* (Toronto Orthopedic Hospital) with the Pickering Township Board of Health; *Mrs. Mary Fraser* (University of Iowa School of Nursing) with the Division of Epidemiology of the Ontario Department of Health.

The following graduates of the public health nursing course at the University of Western Ontario have accepted appointments: *Margaret Drummond* (Victoria Hospital) with the Cochrane Board of Health; *Julienne Gagner* (St. Joseph's Hospital, Chatham) with the Porcupine Health Unit; *Jean McEwan* (Brantford General Hospital) with the Kitchener Board of Health; *Dorothy Ball* and *Ruth Burney* (Victoria Hospital, London) with the Kirkland-Larder Lake Health Unit; *Ruth Weekes* (Toronto General Hospital) with the Fort William Board of Health; *Mary Love* (Stratford General Hospital) and *Gertrude Bridgette* (Hamilton General Hospital) with the Hamilton Board of Health; *Aileen Ogilvie* (St. Joseph's Hospital, London) with the Owen Sound Board of Health; *Joyce Hankinson* (Brantford General Hospital) with the Sarnia Board of Health for the summer.

## Gliders Carry Wounded to Hospitals

A glider service had been inaugurated in the European Theatre to evacuate wounded men. Observers reported that the shock incident to being "snatched" into the air was absorbed by an improved towing device. It is now possible that gliders may almost eliminate ambulances for hauling our battle casualties long distances over shell-torn roads, giving them a faster, smoother ride to the hospital. The gliders serve a dual purpose. Coming right into the battle area they can carry twelve litter patients or nineteen walking wounded. Ambulance gliders were first used experimentally by the British in Burma and New Guinea.

*—Technical Information Division*

# Postwar Planning Activities

Contributed by

POSTWAR PLANNING COMMITTEE OF THE CANADIAN NURSES ASSOCIATION

## The Opportunities and Needs for Supervisors in Public Health Nursing

During the past twelve months and longer, the health of the people has received marked attention in the legislature of every province. Progressive legislation dealing with health matters has been enacted, while on the county and local levels officials and citizens generally are discussing seriously how they may secure more adequate health services. The establishment and development of services in some provinces has been delayed for lack of qualified personnel, public health physicians and nurses as well as sanitary inspectors. There is reason to expect that the cessation of hostilities on the European fronts will have an effect upon this situation. Even allowing a period of time for graduate preparation it is not too soon to concern ourselves about leaders (supervisors) in nursing.

Writing in the January number of the *The Canadian Nurse* Mildred I. Walker said: "Supervision is now considered as guidance, the aim of which is to promote increasing growth in those supervised. To practise the principles of guidance most effectively one must be truly democratic." It is suggested that Miss Walker's article be re-read and also the continuing one in the February *Journal* for they have an important bearing on the subject under discussion here.

If Canadian citizens are demanding health services, and there is ample evidence that many are doing so, then professional nursing must accept some degree of responsibility for the provision of adequately prepared personnel to meet the needs of Canadian communities. Each health service unit, official or unofficial, according to the number of its staff, should have one or more supervisors if the people of the area are to receive the best possible service and if the staff members are to have the opportunity for growth through practice in the planning and developing of the program. Such experience will increase the quality of their guidance to the community, the family and the individual.

Nursing shares with other professions in the health field this need for leaders and its corollary the opportunity for service. The preparation may entail some degree of inconvenience, even sacrifice, on the part of individual nurses. This factor should be reduced to its lowest terms through the action of our national and provincial associations as well as the employing agencies. These groups know the promising young nurses on their staffs who, with the challenge of today's needs, can be called upon to accept greater responsibilities provided the possibility of securing preparation is within sight and reach.

No data are at hand regarding needs in the various provinces or in the unofficial fields. It is suggested, however, that at the provincial level the postwar planning committees might with advantage secure such information and present it not only to their own associations but to their provincial departments of health and to universities offering graduate

courses in nursing, and with these representatives consider practical steps to meet the situation.

The importance of leadership should need no supporting argument to the members of this generation. The leaders of the allied countries, in spite of toil, carping criticism and misunderstanding, have given of themselves freely in the cause which claimed their loyalty. Surely sober judgment must affirm that they are serving their generation. The challenge to public health nurses now is that they should do likewise in their own sphere.

EDNA L. MOORE

*Convener, Committee on Postwar Planning, Registered Nurses Association of Ontario.*

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# We Climbed a Tree

MARGARET PRINGLE

When lost, a New Brunswicker climbs a tree to get his bearings, then spots a taller tree on higher ground and makes his way to that for a view of a larger area. When the New Brunswick Association of Registered Nurses decided to initiate a Nurse Placement Service and the committee found themselves in a wood they decided that the tallest tree in sight was the set-up of the Provincial Placement Bureau of British Columbia. That plan of organization was tentatively adopted with some changes to adapt it to local conditions, and the work of organization was begun. Now from the vantage ground of six months' experience we can outline the success we have had, some of our failures, and can see new objectives.

Publicity which was needed immediately included some newspaper releases, field contacts and direct personal correspondence. Enrolments, co-operation and sympathetic understanding on the part of the nurses was sought first. Soliciting applications from possible employers was intentionally postponed until we could build up a certain backlog of nurses seeking new positions. But events do not wait and the calls for nurses came in much more rapidly than the enrolment of position-seeking nurses. Nurses were urged to enrol at once so that their biographies could be built up, credentials prepared, and their qualifications studied to prepare for the time when the nurse might be ready for a new position.

Enrolments were slow. Acceptance of the Service was wholly voluntary and the thought of using an intermediate agency when seeking a new position was so new that the idea needed some time to germinate. During the first six months, approximately 9 per cent of the membership of N.B.A.R.N. (exclusive of Religious Sisters) has enrolled. These are chiefly nurses who have the experience and insight to see its value. An increasing number of enrolments have been coming in recently from nurses with the armed forces. One hundred per cent enrolment is necessary for 100 per cent efficiency of operation.

Placements have been few. Since the object is to stabilize the nursing service of the province, it has been our policy to encourage nurses to remain in positions where they are needed and where they are giving satisfaction to employers unless a change would mean that the particular qualifications of personality, education and experience of the nurse would be utilized to better advantage to her and the public. Few nurses are seeking positions today. New graduates are absorbed immediately.

Immediate needs would seem to be to secure: (1) The confidence and co-operation of the individual nurses, es-

pecially those who are within the working age; (2) information regarding fields of employment for the nurse who is handicapped by age, poor health or family responsibilities, often accompanied by geographical isolation; that is, the nurse who is willing to work but can give only part-time or partial nursing service.

Nurse Placement Service is a service for the nurse. The individual nurse may strengthen it by enrolling and by starting her biography in our files. It can be supplemented as time goes on so that everything will be ready when she decides to make a change. If every enrolled nurse will notify us when she makes application for a position of which she may have learned through some other source, we will send her credentials, including recommendations from former employers. Identifying herself with her professional organization indicates to the discriminating employer that she is secure in her relationships with her peers, that is, that she "is in good standing" and that her record of past performance is open for inspection. It will also encourage lay employers to look to the professional organization for an evaluation of the nurse. We would also be very grateful for any information regarding new or possible opportunities for nurses.

Nurse administrators may strengthen the service by registering not only their immediate needs but their plans for expansion. Enlarged physical plants and increased services require not only an increase in the number of the nursing staff, but new nursing positions may emerge which may require special preparation on the part of the nurse.

Viewed from our present tree-top the possibilities increase. The members of the Nurse Placement Service Committee have been made the Postwar Planning Committee under another convener thus enabling them to avoid unnecessary overlapping of activities. Future developments might include closer relationships with other placement services, extension of the service to include the subsidiary nurse or aide, and an effective co-operation with other community agencies. Six months has shown that to be effective the Service must be a long term project, for understanding of its functions and faith in its practical value must be built up. The horizon recedes and untouched fields come into view.

## Bromism

(*Continued from page 446*)

ing fluids are given freely and also nourishing food. It is usually necessary to spoon-feed the patient until the acute stage has subsided. Enemata and catheterizations are frequently necessary.

As soon as improvement is shown and interest is beginning to return, some occupation fitted to the patient's limited capaciy should be encouraged. Diversions such as reading, crafts and music come first, then group activities. These activities are more beneficial and have more therapeutic value if they are arranged to use his previous skills and mental activities.

The final part of the treatment concerns the social aspect of the patient's life. Some adjustments may be necessary in order to make the environment to which he is to return more conducive to better mental health, and also to prevent a recurrence of the situation which required sedatives or so-called nerve tonics in the first place.

Much of this care and treatment would be eliminated if the nurses were alert and observant in their health teaching programs. Strong emphasis should be placed on the teaching of patients and other persons that any patent medicines dangerous and many *are* dangerous. Many persons could be saved the unnecessary expense and experience of being admitted to a psychiatric hospital if adequate control over the use of preparations containing bromides were provided by law.

# STUDENT NURSES PAGE

## Nursing Care in Typhoid Fever

THELMA MACKINNON

*Student Nurse*

*School of Nursing, Royal Jubilee Hospital, Victoria, B.C.*

The boy was admitted to our hospital on August 27, 1944. A lad of fifteen, his condition on admission was apparently very ill. A chill with rise of temperature to 104°, followed by profuse diaphoresis, occurred soon after admission.

He complained of general malaise, dull and persistent headache, pain and tenderness in the right kidney region and some pain in the right lung base on deep respiration. Also, he gave a history of having felt "under the weather" for almost two weeks previously. Gradually increasing malaise, intermittent headaches, and spasmodic epigastric pain had been troublesome.

Physical examination showed an enlarged, palpable spleen; slow, fairly regular pulse; tongue heavily coated white in centre with red, clear edges and tip.

A diagnosis of typhoid fever was made on the basis of these findings. This is an acute infectious disease caused by the bacillus typhosus, characterized by hyperplasia of the lymphoid tissues — especially enlargement of the spleen, and enlargement and ulceration of the "Peyer's Patches"; and accompanied by fever, headache, and abdominal symptoms.

The source of this disease is man — the organisms are found in the blood during the first week of the disease and after the first week are present in the urine and stools. It is spread usually through contamination of water, milk, or food supplies with urinary or fecal discharges from an infected person.

Our patient had apparently contracted the disease through drinking infected water. He had been hiking through some woods about two weeks before and remembered stopping to drink from a small creek on the way. As far as known, this was the source of his infection.

During the first week, the boy's temperature averaged 101°, rising to a peak of 103° daily, usually in the evening. Pulse rate of 84, strong, bounding quality. Occasional nausea and headaches. Stools and urine of normal appearance. A leukopenia was present, white blood count being 3800.

The second week showed increasing weakness and lethargy, burning pains in the abdomen accompanied by frequent passages of soft stools containing "rice-like" particles. Bacillus typhosus was isolated from the blood culture. Widal reaction was positive for typhoid "O". The temperature averaged 101°, with daily elevations to 103°. Pulse rate 76 — 96, fairly good quality.

These symptoms continued through the third week with increase of abdominal pain. Lips cracked severely from the constant fever; with no appetite the patient was weak and listless. Diarrhea was marked, slimy brown or greenish

stools, each containing numerous mucous particles.

During the fourth week the patient became extremely weak with anorexia and severe, persistent abdominal pain. The daily remissions of temperature became sharper — rising to 104° and falling to 100°. Frequent passages of curdled, greenish stools in which flecks of bright blood were seen. Pulse rate up to 110 at times, bounding quality.

The fifth week showed an increased lethargy to a state of stupor at times, with occasional periods of violet delirium due to the absorption of toxins. Temperature was higher, ranging between 102° to 105°. Pulse rate 120 — 142, rapid, weak and irregular. Respirations increased to 28 at times, very shallow. Frequent epistaxis and passages of large amounts of bright blood per rectum. Severe pain, and abdominal distention and rigidity preceded these rectal hemorrhages. The boy became terribly emaciated and his condition grew steadily weaker.

During the sixth week the boy's condition was weak to the point of death. There seemed very little hope that he would live. The temperature ranged between 100° and 105°, rising and falling sharply each day. Pulse rate of 130 — 150, very irregular. Respirations 28 to 42, shallow and weak. Almost continual delirium, constant muscular twitchings of the face and limbs and, later, long periods of coma alternating with attacks of noisy irrationality. Severe abdominal pain and distention was always present and the rectal bleeding continued day after day. The boy finally became so utterly weak that it was imperative for him to have complete rest if he were to live, which at this time seemed very doubtful. Therefore we moved him only when absolutely necessary. Due to this enforced inertia a pressure sore developed at the base of the spine, in spite of all we could do to prevent it. However this later cleared up satisfactorily when the patient again became strong enough to endure more frequent changes of position.

During the seventh and eighth weeks a very gradual change for the better occurred, although extreme bodily weakness, mental and emotional instability of course persisted. The rectal bleeding ceased, the temperature gradually became normal, the pulse slower and stronger and the appetite improved steadily. A slight lung congestion and aching of the right ear were troublesome for several days but these complications did not become serious.

Convalescence proceeded well from the ninth to the twelfth week, although very slowly, of course, after so devastating an illness. During the thirteenth week our patient was able to be out of bed for a short time each day. His strength increased and he was discharged from hospital at the end of the fifteenth week.

This boy's prolonged illness tested our nursing care to the utmost. During the greater part of the fifth, sixth and seventh weeks his condition was so dangerously close to death that only the most imperative nursing procedures could be carried out.

Isolation technique was used throughout the long illness, with careful attention to the disinfection of all excreta. Absolute rest of body and mind was encouraged. The patient was fed until convalescence was well established. Fluids, chiefly milk, were given in the early stages, with very gradual and careful addition of non-irritating solid foods as the temperature fell and nausea disappeared. Very frequent cleansing of the skin and mouth were necessary. Saline enemata were given every other day during the fifth, sixth and seventh weeks to combat the distention and diarrhea. The extremes of temperature were controlled with hot sponges. Transfusions of whole blood were given every other day during the seventh week, approximately 250 cc. each time, to compensate for the rectal bleeding.

Medications used were: vitamin B and C capsules during the fourth to

twelfth weeks; sulphaguanidine gr. 7½ q.4.h. during fourth to fifth weeks; morphine gr. 1/6 — 1/8 hypodermically p.r.n. for pain and restlessness during the fifth, sixth and seventh weeks; phenobarbital gr. ½ t.i.d. during the sixth to tenth weeks, and hematinic capsules t.i.d. during the seventh to twelfth weeks.

This serious illness, which will without doubt adversely affect the boy's development for some time to come, could have been prevented through wider teaching and enforcement of sanitary measures. It would seem that there still remains much to be done, especially in regard to teaching and supervision, in the field of public health.

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# Book Reviews

**You Are What You Eat**, by Victor H. Lindlahr. 128 pages. Published by National Nutrition Society, Inc., New York. Price 50 cts.

*Reviewed by Dr. L. E. Ranta, Assistant Professor, Dept. of Preventive Medicine, University of British Columbia.*

Although the vehicle is radio-loquacious, it ultimately reaches the goal of a balanced diet, standing squarely on adequate quantities of proteins, energy-producing foods, minerals and vitamins; but the route is beset with the half-truths and unfortunate similes too often presumed necessary to create popular appeal. In the first part of his book, Diet-Broadcaster Lindlahr presents the thesis that, as we are composed of chemical substances assimilated from foodstuffs, our bodily composition may become unbalanced unless the various food components are consumed in certain definite proportions. Consequently, if we select our daily diet from prepared lists of protein, carbohydrate, and protective (milk, fruits and vegetables) foods in a weight ratio of 20-20-60, respectively; if our foods are properly prepared and vegetables and fruits are eaten raw whenever practicable; and if we avoid the "insidious evil", constipation, by selecting foods rich in hemicelluloses; if we do all this, we shall be healthier. Part II offers the prepared lists from which the daily diet should be selected. Other tables show the nutritive value of vegetables and fruits in terms of certain vitamins and minerals. Part III concludes the book by dealing with each common fruit and vegetable under standardized headings: "selection and care," "preparation," and "best method of use" provide some useful information.

The text affords a few surprises. The implication is made that healthy persons differ in the manner of metabolizing starches and sugars. Cheese is reported to be constipating because its preparation alters the sponge action of the hemicellulose of milk! Also, the Lindlahr balanced diet is based primarily upon the fact that cellular metabolic processes must take place in a slightly alkaline medium. This leads to the conclusion that "alkaline-ash foods should comprise more than 50 per cent of the diet." In other words, no recognition is given to the well-known evidence that maintenance of the acid/base balance of blood and tissues falls most heavily upon *protein* buffer-systems.

It is obvious that the advice on the front cover, "Let America's Foremost Authority on Diet Show You How to Eat for Your Health's Sake," is meant for the layman. The book can do him no harm, but no reason can be found to recommend it as source material for the nurse interested in an educational program. The standard textbooks deal with nutrition more authoritatively, and "Canada's Official Food Rules" ably advise a balanced, adequate diet without superfluous hocus-pocus.

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**Psychotherapy in Medical Practice**, by Maurice Levine, M.D. 320 pages. Pub-

lished by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1944. Price $3.50.

*Reviewed by Helen M. McCauley, Assistant Supervisor, Allan Memorial Institute of Psychiatry.*

The author, Dr. Maurice Levine, states in the Introduction to this book that he assumes that a physician who would want to read a book on psychotherapy recognizes the fact that psychological problems play a real part in medical difficulties. So, too, the nurses who will find this book of value are those who recognize the need for nursing the whole patient. To play her role in the doctor's plan of therapy, the nurse of today must have as thorough an understanding of man's emotional functioning as she has of his physical functioning.

The first chapter deals with common misconceptions in the fields of Psychiatry, Mental Hygiene and Child Guidance. Twenty-four prevalent misconceptions are stated and the comments which follow make easy and informative reading for everyone. Is heredity the chief cause for mental disorder? Does sexual experience cure psychiatric disorders? Is the ideal child always obedient? The answers brief, but adequate, are especially useful to the nurse who frequently finds she must re-educate her patient before she can begin positive treatment.

Methods of Psychotherapy used by the general practitioner are considered next. In this section the nurse may find the answer to why a doctor varies his usual routine for a specific patient. Many of the suggestions made to the physician regarding his attitude to, and relationships with, the patient are of equal importance to the nurse. The nurse uses various of the methods outlined daily: physical treatment, medical treatment, hydrotherapy, hobbies, the giving of information, reassurance. Their full meaning to the patient is discussed — their psychological purposes as well as the other more obvious purposes.

Infant sexuality is considered in the part of the book devoted to sex and marriage. Marriage, its assets and its difficulties, is discussed, and some of the reasons for poor adjustments to marriage are commented upon. Everyone having contact with children will find "Basic Attitudes to Children" worthwhile reading. Dr. Levine states: "Many of the problems of children with which the general practitioner and pediatrician have to deal are fundamentally based on problems of the parents of the children, or on the problems of relatives or nursemaids". He then points out how unfavorable attitudes of controlling adults may cause children to develop symptoms of revolt expressed either in a physical fashion or in anti-social behaviour.

In conclusion the author outlines the criterion of emotional maturity and explains it in terms of everyday incidents. We are thus presented with an understandable and reliable yardstick for measuring our own normality and maturity.

References are mentioned in each section of the book for use of those who wish to study more fully that particular aspect and. in addition, there is a more complete list of suggested reading in the last chapter.

Though it is clearly stated in the Introduction that this book was written for the general practitioner, medical specialist, and medical students, there is much of value in it for nurses too. The clear manner in which the information is presented, point by point, makes the book particularly useful for student reference.

## Dental Needs of Returned Soldiers

A redistribution station, where soldiers just returned from overseas receive dental treatment, has reported that about one man in ten needs an extraction or other emergency dental treatment. This includes the construction of a denture if the man hasn't enough teeth to chew an average meal. According to this report, about 45 per cent of the men returning from overseas need one or more fillings while about 40 per cent do not require any dental treatment. Figures previously released show that about one man in every four requires emergency dental treatment at the time of induction.

*Office of Surgeon General*
*Technical Information Division*
*Washington, D. C.*

# What is "Acid-Moisture"?

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# Letters to the Editor

*Dutch Children in England*

It's high time I gave you some account of our activities since coming to England en route to our European assignment with UNRRA. We left New York about the middle of November. I wish I could tell you about the crossing but I am afraid all I should say is that we came in a large troopship and had a most interesting voyage. I should explain that by "we" I mean Miss Stephanie Szloch and myself. Stephanie was Nursing Arts instructor in a Boston hospital and the two of us are the only nurses from the other side of the Atlantic who, so far, have come to the London office of UNRRA.

We spent over a month in London finding lodgings — or perhaps I should say "digs" — getting registered at the police station and food office, doing some sightseeing, and making what plans we could to carry out our assignment. Because of the military situation it was obvious that we would not be able to proceed further for some time. When we learned that plans were underway to bring over to England some Dutch refugee children from the liberated parts of Holland and that nurses were needed we volunteered to give some assistance.

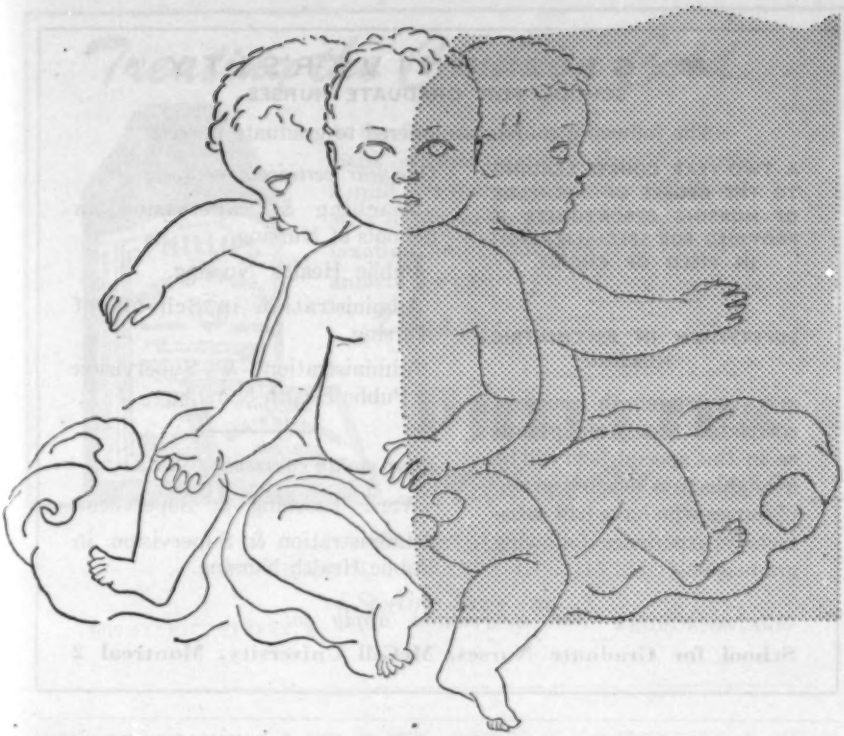
The hostel where the first group is housed is near Coventry. It was left vacant by war workers and has been converted into rather convenient lodgings for the children. The physical set-up consists of an administration building containing the offices, dining hall, games room, and lounges; six blocks, each housing some eighty to ninety children; staff blocks; and a ten-bed sick-bay.

Four hundred and ninety-six children, ages seven to fifteen, arrived on the evening of February 11. The appearance of the children was not as expected, and the newspaper reports of the following day were somewhat misleading. I think they must have had their copy ready before they saw the children. They arrived cheering and singing and every one carrying a Dutch flag. They were a little weary from their four-days' journey and many were somewhat pale. Apart from that they did not present any obvious signs of malnutrition. However, we discovered later that the apparent age of the children was well below their actual age. It was in this respect rather than in actual thinness that the effects of their diet were noted.

The first job was to get them fed and to bed. All hands, including everyone on the hostel staff, members of the Women's Voluntary Services, and boy scouts, were ready to welcome the children and to assist. Everywhere one turned there were photographers and representatives of the press. The children seemed quite unaware of all this publicity and attacked their first meal in the hostel with great zest.

We knew very little about these children before they came and it was impossible to glean from books much information in regard to the feeding of the type of malnutrition we expected. We knew that their diet in Holland had been mostly bread, potatoes, and cabbage, and that the fat had been practically non-existent. Consequently, in order to avoid gastric disturbances, it was planned to limit the fat to 50 grams daily and the carbohydrate to 400 grams. We started at 1800 calories and at the end of the first week had worked up to 2400 calories daily. Very soon they were on a full diet and could have as much as they wanted to eat. Under wartime conditions, and the rigid food rationing in force in England, it is very difficult to plan well-balanced meals and also take into account the national customs of the group being fed. Some of the children were hungry at first. This was understandable when we learned that, although most of them had been brought to England because of lack of sufficient food, some few had been included who had always received an adequate diet, but who had been rendered homeless due to the flooding of parts of Holland.

The clothing of the children was in rather poor condition. Great sacrifices had been made at home to send the children over as well-dressed as possible. We heard of one family of nine children from which two were selected to come to England. The parents refused the offer because they would have had to take two of the four coats the children possessed leaving only two coats for seven children. Some were dressed in suits and coats made from army clothing given by the soldiers. Several had this military-appearing costume completed by British or Canadian Army insignia. The shoes were in the worst condition and many wore all-wooden clogs. The busiest people in the hospital for the first week were the un-



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tiring members of the W.V.S. who fitted every child with a complete set of clothing. Many of the little girls refused to wear their new dresses at first. They were just too nice and they wanted them to wear home. This clothing was all supplied by American and Canadian Red Cross, and, incidentally, every bed is covered with quilt or afghan from the Canadian Red Cross.

The children were accompanied by a matron, leaders or "leidsters", and teachers. There was also a Protestant dominie and a Roman Catholic priest. The nursing staff already here was augmented by two nursing sisters from Holland. I would like to digress briefly from the story of the children to tell about one of these nurses. During the liberation of her home city her home was machine-gunned and burned, and she lost all her possessions. Just before coming to England she had been working in an underground hospital — not a hospital of the "underground" movement — but a hospital actually under the ground. It had been converted by the Dutch civilians from an air raid shelter built by the Germans for their S.S. police. This shelter had central heating, air conditioning, and its own electric dynamo. The latter, however, was always out of working order because it was built for the Germans by forced Dutch labour and was, of course, well sabotaged during the building. There was also a large telephone exchange capable of covering the whole of Holland and half of Germany. The police would thus be able to "listen in" on every call made in that territory. Unfortunately for the careful plans of the Germans they did not have time to make use of the exchange before the Allies liberated the area. The shelter accommodated seventy-two beds, the majority of them two-tier bunks with a gangway on one side. Many nursing difficulties were presented — shortage of soap and linen, giving nursing care to patients in bunks, and the fact that, due to shortage of electrical power, the lights were out for six hours during the day, thus making it necessary to do all the nursing in a much shorter period.

We expected more illness than at first developed. An advance message warned us to be ready to receive a possible appendix and an otitis media. Simple treatment and a

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night's rest soon effected a cure in both cases. The regulation of the diet kept gastric upsets down to a minimum. The clinic was the busiest part of the health service at first because many children had sores on their hands and feet, due mostly to the poor footwear and the lack of soap. Some of the adults brought with them a cake of the soap used in Holland. It was somewhat smaller than one of our ordinary cakes of toilet soap, dirty pink in colour, and filled with air. It was almost impossible to make any lather with it. This cake was the individual's month's supply for toilet use. Our troubles in the sick-bay were to come a little later. We are just recovering from an epidemic of infectious jaundice, are in the midst of an epidemic of mumps, and have two cases of diphtheria. But, considering that it is next to impossible to carry out any isolation precautions without admission to the sick-bay, we have been very fortunate. Our original ten-bed sick-bay has been enlarged by crowding the beds and taking over a vacant end of a staff block.

Many of these children, especially the older ones, had been encouraged to resist enemy authority by the performance of acts of sabotage. We wondered what would happen here and how they would respond to discipline. A few did try such things as letting the air out of the tires of staff bicycles, but on the whole they quickly respected the difference in their environment and responded well to hostel life and regulations.

There was very little homesickness among the group. Occasionally a little girl will be found silently crying because she is worrying about her father was was taken to Germany two or three years ago, or about the rest of the family at home who were living under very poor conditions. They can each send one card a week and the messages to the parents must give the latter a great deal of relief. They tell of the good food they are getting, how much weight they have gained (and they have gained, some as much as eighteen pounds, and many have quite outgrown the clothes they were given), the interesting places they have been, and how much they like England.

This group of children, only a few of whom are orphans, is the first of some twenty thousand who are to be evacuated from

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Holland to England for a period of three months. At the end of that time some will return home but many will be placed with English families for a further stay. There is no doubt that as the groups continue to arrive more and more serious cases of malnutrition will be found.

One thing that worried us at first was how we would get along without any knowledge of the language. That was certainly crossing the bridge before we came to it. These children have learned a great deal of English from the soldiers and are very proud of this knowledge. In any small group it is always possible to find at least one child who understands what you are trying to tell them and can interpret to the rest. Our doctor is not Dutch but can speak their language very well. A little boy came to the clinic one day and the doctor began to converse with him. The little boy interrupted, "You don't need to speak Dutch. I speak English".

These children are just like any group of Canadian children. They are lively, mischievous, and happy, if the singing one hears continually is any indication. There is one quality more marked—self-reliance. It is probably a characteristic fostered by the nature of their life under Nazi domination and it is certainly a quality which is valuable when they are so far from their parents and cannot receive very much individual attention from their leaders.

Stephanie has already gone to another camp in Scotland where the third group of children are expected shortly, and I, being a victim of jaundice, am returning to London. It has been a very interesting experience and we are very glad that we have been able to be of some small service to the first group of evacuees to come from any liberated country.

—LYLE CREELMAN

*Some Impressions of Scotland*

Scotland, land of the bens and the moors, the glens and the lochs! The bens, in the fall and winter with their snow-capped peaks, are surrounded with a glorious bluish-purple haze. Later, as the seasons advance and the shrubs, bracken and heather come into their own, the colour tone changes. One sees here a patch of brown, there green, there purple, all harmoniously blended into a perfect picture.

The lochs, some with small towns dotted

along the edge, some with mountains rising high on either side, on one side may be green and fertile with, perhaps, a shepherd's hut nestled at the edge; on the other side a mountain rises craggy and severe, with sparse patches of gorse and heather. To complete the picture and to make it really thrilling and awesome, all one needs would be to hear the skirl of the bagpipes high in the hills. The lochs, like people, can change their moods very quickly — one minute gay and sparkling in the sunshine, the next dark, dour and brooding, almost cruel-looking. How delightful it is to cycle around these lochs on a fine day — the gently undulating roads — the spring, summer and autumn flowers. First come the rhododendron with their glorious bright colours; next the primroses, followed quickly by the blue-bells, spreading their deep blue carpets everywhere. One never gets weary of following the same route time after time as each day brings a difference in colour tone and each turn of the road brings a new picture.

Then there are the walks on the moors — wild, rugged and beautiful. On the edge or across it, through the heather, runs a narrow foot-path winding its way for miles. Here we come to a quaint stone bridge which is walled off in the middle to keep the sheep from wandering; again we come to a small gate something like a turn-stile through which one squeezes by stepping inside an iron circle, pushing the gate proper and stepping out on the other side. These gates are not built for the over-corpulent! Here again the scenery is almost impossible to describe. In July and August, when the heater is at its best, for miles on one side the purple blooms spread their carpet, interspersed with the tawny brown of the bracken. On the other side is a panoramic view of pasture, grain fields and gardens with farm houses in their midst. The next turn will bring a sight of the sea, over and behind which rise the mountains, one behind the other until one gets the feeling that they go on indefinitely.

Autumn comes quietly in Scotland — no sudden change from the summer green to the bright, almost garish, colours of our autumn. There one sees the gradual change from green, through the pastel shades until the leaves finally drop. One gets the same desire though to walk through the leaves and scuff one's feet. Does anyone ever outgrow that desire?

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Registered nurses without preparation will be considered for temporary employment.

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**Ottawa.**


The people of Scotland are the soul of hospitality. Just step inside the house and one is immediately "at home". Of course the very first thing a Scot's housewife does is to put the kettle on to boil for a "wee cup of tea" (which usually means three or four cups). The accent of the people in some parts is very hard for some of us to understand. In general, it is not so much the pronunciation of the words as the inflection and intonation that make the very great difference. Even on the bus, where the usual conversation is about queues, difficulty in procuring various articles, the number of coupons or points they have left, Jamie's sore knee or some one being taken to the hospital, the conversation never sounds drab or usual because of the natural lilt of their voices.

The favourite saying of the Scot seems to be "You can't miss it". When giving directions to a place they would describe so many turns left, so many to the right, and so many yards down to the left, ending with "You can't miss it" — which we invariably did. However, after spending over two years in Scotland I have a very warm spot in my heart for it and would not have missed the experience of living there for the world. Best of all, as far as a Maritimer is concerned, in spite of some differences, Scotland is like home.

—Matron Shirley M. Beck, R.C.N.

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I have just returned from an eight-day leave which I spent in Scotland. It was nice to get away for awhile but I'm afraid we didn't get as much rest as we should have. Quite a lot of time was spent travelling. We saw Edinburgh, Glasgow, Perth and Aberdeen. Amongst the interesting sights was the Firth of Forth and the famous old Edinburgh Castle where Mary, Queen of Scots, and all the Scotch Kings and Queens lived. The castle stands in all its splendour on a high hill overlooking the city.

We also visited the Scottish Memorial built in commemoration of all Scots who died in World War I. It is said to be the most beautiful of its kind in the world and this I can well imagine because I was thrilled with its magnificence. The shrine is lovely, and in a casket is a scroll with the names of all Scots who died in battle. I couldn't help thinking of all the fine lads in the world who have already paid the supreme sacrifice in another horrible war which was never going to be. I only hope that, in do-

ing so, they will make it a better world for all people and that their sons will be spared the hell of another war.

I must tell you, too, of our visit to the Royal Infirmary of Edinburgh where so many surgeons go for post-graduate work. Muriel Sinclair and I bravely walked in and had an interview with the matron who was such a lovely Scottish lady. She arranged for us to sit in the gallery of one of the theatres and watch Professor Learmouth perform a thyroidectomy. I am sure the doctors and internes observing wondered who we were. The professor lectured all during the operation and it was something just to be able to say we had been there. He certainly performed the operation with skill and speed.

I hear from Caroline Dauk, a graduate from St. Elizabeth's, whose home is Annaheim. I am sure she could write a much more interesting letter of experiences than I because they get the casualties almost directly from the field. She is in Belgium.

We are quite busy now and I can't explain how much I enjoy nursing these boys. One is well-paid in satisfaction alone for all you are able to do for them.

— NURSING SISTER L. P. NEAL.

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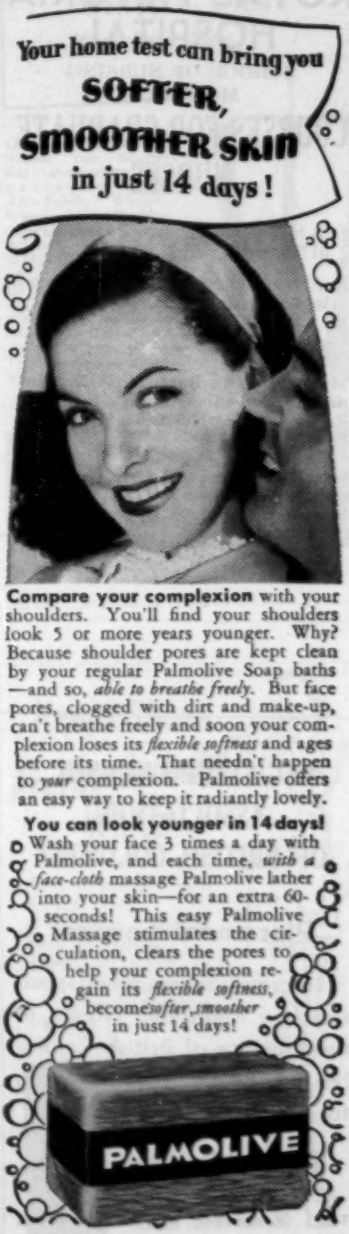
*With UNRRA in Egypt*

I have never regretted going with UNRRA. You do not realize until you are in it what a tremendous project it is and you often wonder if the spirit is big enough to succeed in an international mission. We were five weeks on the way from the U.S.A. to Egypt. We stopped a week in London to our great delight and saw all the sights — London Bridge, Westminster Abbey, St. Paul's, Tower of London. I was given also a ticket to the visitors' gallery in the Houses of Parliament while Parliament was in session. St. Thomas's is nobly carrying on using just the basement of the large hospital. I was ready to lay off my coat and put on my cap when I came upon a nursing clinic in the middle of a large public ward at St. Thomas's. The sister in charge was conducting the clinic with six probationers around the table. It was three o'clock in the afternoon. There was only one nurse left on duty and the twenty-eight patients in the ward were quite happy and did not ring bells nor flash lights to interrupt the clinic.

Our Mediterranean trip was lovely. The sea was as calm as a millpond. We travelled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*or*

**Miss F. Munroe, R. N., Superintendent of Nurses, Royal Victoria Hospital, Montreal, P. Q.**

**REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA**

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**Elizabeth Braund, R.N., Director**
**Placement Service**
**1001 Vancouver Block, Vancouver, B. C.**

on a deluxe liner and all was well. Egypt — trips across the desert sand, adobe villages, hordes of filthy but cute children, Muezzin towers, palm trees, the pyramids silhouetted against the most gorgeous sunsets, then dark night and stars and a moon and a strange quietness. Alexandria is a beautiful city, Port Said dirty, Cairo colourful, very dirty in spots. Poinsettias, oleanders and roses bloom in gardens and along the boulevards. Tea in gardens under shady trees. The native bazaar — bargaining in Arabic with the shopkeepers, using my hands and getting along very well. It is easy to speak to the natives. You use one key word in English or French, if you know it, then use your hands and they understand.

The camp in the desert consisted of tents and huts, sand floors, shower huts and lavatories yards away from your sleeping tent. A batman wakens you at 6.30 with a cup of tea and hot water in your canvas bowl to wash. Prices in Cairo are exorbitant. A slip priced $2.00 in Eaton's at home costs $12.00, a pair of panties, $8.00, skimpies at that, stockings, $4.00 up.

—HELENA REIMER

# NEWS NOTES

## ALBERTA

PONOKA:

At a recent meeting of Ponoka District 2, A.A.R.N., Patricia Jamieson was elected president and Agnes Mitchell, vice-president, to fill vacancies made by members who have left the District. Miss Jamieson and Mrs. L. Stephenson were appointed delegates to the A.A.R.N. annual meeting. A raffle was held recently and $60 was realized for the Camp Libraries Fund. Rosemary Russell, the winner, is a member of the post-graduate class in psychiatric nursing at the Mental Hospital.

Gertrude Hall, general secretary, C.N.A., recently visited the Provincial Mental Hospital. She spoke to the student nurses, giving them some of the highlights of National Office. Later she met some of the graduates and her visit was very much enjoyed by all.

The members who attended the recent course in "Administration in Small Hospitals" visited the Mental Hospital. They toured the hospital and had an opportunity

of observing special departments and therapies. Dr. R. MacLean, medical superintendent, and Dr. T. C. Michie, assistant superintendent, lectured on the admission and care of psychiatric patients.

Barbara Beattie, superintendent of nurses at the Mental Hospital, is the newly-elected president of the A.A.R.N. Helen Furnell, who has left the District, has been replaced as supervisor of one of the infirmary wards by Phyilis Fraser.

EDMONTON:

*Royal Alexandra Hospital:*

The Royal Alexandra Hospital Alumnae Association banquet, in honour of the graduating class, was held recently with about two hundred present. We were very pleased to have G. M. Hall, general secretary, C.N.A., and M. E. Kerr, editor of *The Canadian Nurse* with us. Miss Hall spoke briefly, depicting the ideals, responsibilities, and plans for nurses in the post-war world. She also brought greetings from Fanny Munroe, president, C.N.A., who was formerly superintendent of nurses at the R.A.H., and now superintendent of nurses at the Royal Victoria Hospital, Montreal. Miss Kerr also said a few words to us. A congratulatory telegram was read by Violet Chapman, president of the Alumnae, from the alumnae members in Vancouver. We also received a letter from Mrs. R. Jensen (Cameron) who left for South Africa in 1939.

The toast to the King was given by Hilda Adams. Mrs. J. Rowlett proposed the toast to the Alumnae. Kay Stackhouse gave the toast to the graduating class which was responded to by L. Sangster. A. Woodhead proposed the toast to the members serving with the armed forces which was responded to by N/S Emily Mayhew.

After dinner the R.A.H. Nurses Choral Club, comprised of students, under the direction of Mr. Alex Kevan, rendered several musical numbers.

At a regular monthly meeting of the Alumnae Association, with V. Chapman presiding, plans were discussed for the Fall bazaar, the proceeds to go partly toward the scholarship fund and toward the general fund. A report of the A.A.R.N. annual meeting was given by Miss Chapman who was the alumnae delegate. Hazel Bishop, executive director of the Council of Social Agencies, gave an informative talk on the set-up and work of the Council.

## NEW BRUNSWICK

ST. STEPHEN:

At a recent meeting of the St. Stephen Chapter, N.B.A.R.N., the report of the executive meeting of the provincial association was given and all nurses were urged to register with the Placement Bureau in Saint John. The members voted to purchase a $50 Victory Bond. Mrs. R. Rogers and

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THE RYERSON PRESS
TORONTO

Miss Mason were appointed to answer a questionnaire regarding the local registry. N/S Aldana Leland gave an interesting talk on her experiences overseas.

Nurses attended an evening service in May at the Presbyterian church as a part of a national observance in memory of Florence Nightingale.

## ONTARIO

*Editor's Note*: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

### District 1

LONDON:

A refresher course for the nurses of the various registries was held recently at the Institute of Public Health, University of Western Ontario. This course was realized through the Federal Government Grant. Twenty-one nurses from all parts of Ontario were in attendance and all felt that the course was most educational and instructive. "The Registry of the Community" and "Guidance in the Community Registry" were the topics under discussion.

### District 5

*Toronto Western Hospital*:

The following officers were recently elected by the Alumnae Association: honourary presidents, B. Ellis, Mrs. C. Currie; president, Mrs. G. Kruger; vice-president, G. Ryde; recording and corresponding secretaries, Mmes Townsend, L. Brown; treasurer, M. Patterson; committees: program, Mrs. Vale (convener), Mrs. Edwards, Miss Perry; budget, Miss Westcott (convener), Miss Scheetz, Mrs. Chant; social, Mrs. H. Brown (convener), Mmes Smeltzer, McKellar, Boadway, McDonald; sick benefit, G. Sutton (convener), A. Gillett, Mrs. F. Robinson; scholarship, A. Bell (convener), Mrs. Davies, Miss Lawless; visiting, Mrs. A. Norman (convener), Mrs. A. Clarke, E. Sinclair; Red Cross, Mrs. Douglas (convener), M. Agnew (treas.) Membership, Mrs. Chant (convener), Mmes McKellar, McMillan, Miss Thomas; representative to R.N.A.O., M. Agnew; Local Council, Mrs. G. Calder; W.P.T.B., Mrs. C. McMillan; *The Canadian Nurse*, E. Titcombe.

The association extends their heartfelt thanks to Mrs. D. Chant, the retiring president, who has been untiring in her efforts and has so ably led the association for the past five years.

The alumnae report revealed the following 124 knitted garments have been sent to the armed forces; 641 articles to the Birmingham Children's Hospital; 17 quilts were distributed to the Red Cross and Salvation Army; $100 was contributed to the Chinese Relief; an oxygen tent was given to the hospital by the association.

The passing in South Africa of Mrs. Robert Parkinson (Mary Sterling), a T.W.H. graduate, was heard of recently.

Beatrice Ellis, former superintendent of nurses, was one of the guests of honour at the annual dinner of the R.N.A.O. held recently.

## District 10

### Port Arthur:

The first meeting of the public health nurses of District 10, R.N.A.O., was held at the Public Health Office and the second meeting took the form of a dinner. Mrs. Gladys Ward, Port Arthur, is the chairman, and the secretary is Violet Weston, Fort William. At the first meeting Bessie Jackson, of the V.O.N., Fort William, gave an interesting outline of her work in that city. A recommendation was passed to endorse any movement to establish a V.O.N. branch in Port Arthur. Twenty-two were present at the dinner meeting when Mr. Fred Mills, superintendent of the Children's Aid Society in Fort William, was guest speaker.

## QUEBEC

### Montreal:

*Royal Victoria Hospital*:

The annual dinner given by the Alumnae Association in honour of the graduating class was held recently with two hundred present and ninety-one in the graduating class. Seated at the head table were the president, Winnifred MacLean, Fanny Munroe, head of the School, the speaker of the evening, Dr. W. W. Chipman, and the guests of honour. After the toast to the King, Miss MacLean welcomed the guests and the toast to the class of 1945 was proposed by Kathleen Stanton to which Alice Foster responded. Miss Munroe announced the prize winners as follows: Highest marks: Dorothy Ford, 1st division; Doris Boyce, 2nd division. General proficiency: Pearl Murray, 1st division; Ruth Curtis, 2nd division. Alexina Dussault Prize for best bedside nursing, Dorothy Blinco. Dr. Tremble's Prize, Madeline Cheney.

Dr. Chipman's address on Mary Queen of Scots delighted every one, after which a short reception was held and the alumnae members had an opportunity of meeting the new graduates.

P/M Janet MacKay, of Sussex, N.B., was in Montreal for the alumnae dinner.

A time-proven reliable relieving aid for infant's simple constipation, teething fevers, stomach upsets. A boon to mothers and nurses as an evacuant in the digestive disturbances which often accompany teething or which sometimes follow a change of food, where prompt yet gentle elimination is desirable. Sympathetic to baby's delicate system. No opiates of any kind. Over 40 years of ever-increasing use speak highly for their effectiveness.

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## SASKATCHEWAN

During April the S.R.N.A. welcomed Gertrude Hall, general secretary, C.N.A., and Margaret Kerr, editor and business manager of *The Canadian Nurse*, as special visitors. They spoke at well attended meetings in Regina and Saskatoon, nurses coming from other parts of the province to be present. Miss Hall reviewed activities and developments sponsored by nurses throughout Canada. She made a strong plea for individual interest and for progressive thinking and action in a changing world. In her talk Miss Kerr placed responsibility for the support of the *Journal* at the door of every nurse. The immediate response was gratifying and we hope that subscriptions from Saskatchewan will increase considerably. Miss Kerr also met the senior students in schools of nursing in the two centres.

The organization of the Prince Albert Chapter has just been completed.

### YORKTON CHAPTER:

The Chapter was recently addressed by Dr. C. J. Houston on "A Plan for Health Insurance". He urged the nurses to give serious thought to the study of all plans and to support only that which will give the best to the people of Canada. He urged nurses to guard jealously their high professional standards and to be ready to challenge anything which might jeopardize these.

N/S Margaret Simpson has returned to Yorkton after three years' service in South Africa. She reports having seen N/S Agnes Orr before leaving for Canada. N/S Simpson also worked with N/S's Charlotte Cook, Regina, and Betty Langstaff, Yorkton. N/S Lyle Newton (Appleton), who has been in England for the last three years, has also returned to Yorkton. N/S Newton was formerly instructor of nurses at the Queen Victoria Hospital. A shower was held at the home of Mrs. W. M. Bowan in honour of N/S Newton and a tri-light was presented to her on behalf of the thirty-five friends present.

## WANTED

**Vancouver General Hospital** desires applications from **Registered Nurses** for **General Duty.** State in first letter date of graduation, experience, references, etc., and when services would be available. Eight-hour day and six-day week. **Salary:** $95 per month, living out, plus $19.92 cost of living bonus, plus laundry. One and one-half days sick leave per month accumulative with pay. One month vacation each year with pay. **Note:** The Hospital can obtain exemption for accommodation from Emergency Shelter Administration. The nurse is not exempt, excepting through employ of Hospital. Apply to:

**Miss E. M. Palliser, Director of Nurses, Vancouver General Hospital, Vancouver, B. C.**

## WANTED

Applications are invited for the following positions, with monthly salary as indicated: **Floor Nurses,** $108; **Supervisors,** $118; **Night Supervisor,** $133 — plus Cost of Living Bonus, $4.50. From the above is deducted $28 for room, board and laundry. After six months, appointment to the Hospital staff carries with it admission to the permanent Civil Service of the Province, with pension rights. Apply to:

**Mrs. Grace T. Lewin, Supt. of Nurses, The Provincial Hospital, Saint John, N.B.**

## WANTED

Applications are invited **immediately** for the following positions in a 130-bed hospital in **Western Ontario:**
**Instructress of Nursing,** with Post-graduate training in Teaching
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Apply in care of:
**Box 6, The Canadian Nurse, 522 Medical Arts Bldg., Montreal 25, P.Q.**

## WANTED

A Registered Nurse is required as **Night Supervisor;** three Registered nurses are also required for **General Staff Duty.** Eight-hour day and six-day week, with full maintenance. Apply, stating salary expected, to:

**Superintendent, Shriners' Hospitals for Crippled Children, Montreal Unit, Montreal 25, P. Q.**

## WANTED

Applications are invited **immediately** for **Staff positions** with the **Department of Public Health and Welfare, Halifax, Nova Scotia.** Apply, stating qualifications, in care of:

**Supervisor of Nurses, Department of Public Health & Welfare, c/o Dalhousie Clinic Bldg., Halifax, N.S.**

## WANTED

An **Instructor** and a **Clinical Supervisor** are required for the **Port Arthur General Hospital.** Bed capacity, 150; student body, approximately 50. Apply, stating qualifications and salary expected, to:

**Miss A. Hunter, Supt., Port Arthur General Hospital, Port Arthur, Ont.**

## WANTED

A **Director** is required for the **Social Service Department, Toronto General Hospital.** Apply, stating qualifications and experience, to:

**Miss J. M. Kniseley, Toronto General Hospital, Toronto, Ont.**

## WANTED

Nurses are required for **General Duty** in the **Verdun Protestant Hospital, Montreal.** This is a splendid opportunity to obtain psychiatric nursing experience. State in first letter experience, references, etc. and when services would be available. Apply to:

**Director of Nursing, Verdun Protestant Hospital, Box 6034, Montreal, P. Q.**

## WANTED

**General Duty Nurses,** registered or graduates, are required for the **Lady Minto Hospital.** The salary is $90 and $80 per month, with full maintenance. Apply, stating full particulars of qualifications, to:

**Lady Minto Hospital, Cochrane, Ont.**

## WANTED

**Two Registered Nurses** are required for permanent **Night Duty.** The salary is $90 per month, plus full maintenance. One full night off each week. Apply to:

**Superintendent, Brome-Missisquoi-Perkins Hospital, Sweetsburg, P.Q.**

## WANTED

**General Staff Nurses** are required for the **Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal.** Forty-eight hour week. The salary is $100 per month, plus meals and laundry. Apply to:

**Superintendent of Nurses, Royal Victoria Hospital, Montreal 2, P.Q.**

## WANTED

**An Assistant** to the **Superintendent of Nurses** is required by the **Sherbrooke Hospital.** Applicants must also be able to assist with the instruction for a rapidly-expanding English School of Nursing. Position available **immediately.** Apply, stating qualifications, experience, and salary expected, to:

**Superintendent of Nurses, Sherbrooke Hospital, Sherbrooke, P. Q.**

## WANTED

**General Duty Nurses** are **urgently** required for a 350-bed **Tuberculosis Hospital.** Forty-eight and a half hour week, with one full day off. The salary is $100 per month, with full maintenance. Excellent living conditions. Experience unnecessary. Apply, stating age, etc., to:

**Miss M. L. Buchanan, Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P. Q.**

## WANTED

**Two Registered Nurses** are required for the **Huntingdon County Hospital.** The salary is $80 per month. Board and room provided. Apply to:

**Mrs. Irene MacDonald, Matron, Huntingdon County Hospital, Huntingdon, P.Q.**

# Official Directory

**International Council of Nurses**

**Executive Secretary, Miss Anna Schwarzenberg, 1819 Broadway, New York City 23 New York, U.S.A.**

## THE CANADIAN NURSES ASSOCIATION

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**Second Vice-President** ..... Miss Ethel Cryderman, 231 Sherbourne Street, Toronto, Ont.
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*Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.*

**Alberta:** (1) Miss B. A. Beattie, Provincial Mental Hospital, Ponoka; (2) Miss B. J. von Gruenigen, Calgary General Hospital; (3) Mrs. R. Sellhorn, V.O.N., Edmonton; (4) Miss N. Sewallis, 9018-108th St., Edmonton.

**British Columbia:** (1) Miss E. Mallory, 1086 W. 10th Ave., Vancouver; (2) Miss E. Nelson, Vancouver General Hospital; (3) Miss T. Hunter, 4238 W. 11th Ave., Vancouver; (4) Miss E. Otterbine, 1334 Nicola St., Ste. 5, Vancouver.

**Manitoba:** (1) Miss L. E. Pettigrew, Winnipeg General Hospital; (2) Miss B. Seeman, Winnipeg General Hospital; (3) Miss H. Miller, 723 Jessie Ave., Winnipeg; (4) Miss J. Gordon, 3 Elaine Court, Winnipeg.

**New Brunswick:** (1) Miss M. Myers, Saint John General Hospital; (2) Miss M. Murdoch, Saint John General Hospital; (3) Miss M. Hunter, Dept. of Health, Fredericton; (4) Mrs. M. O'Neal, 170 Douglas Ave., Saint John.

**Nova Scotia:** (1) Miss R. MacDonald, City of Sydney Hospital; (2) Sister Catherine Gerard, Halifax Infirmary; (3) Miss M. Shore, 314 Roy Bldg., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

**Ontario:** (1) Miss Jean I. Masten, Hospital fo. Sick Children, Toronto; (2) Miss B. McPhedran, Toronto Western Hospital; (3) Miss M.C. Livingston 114 Wellington St., Ottawa; (4) Mrs. F. Dahmer, 73 Patricia St., Kitchener.

**Prince Edward Island:** (1) Miss D. Cox, 101 Weymouth St., Charlottetown; (2) Sr. M. Irene, Charlottetown Hospital; (3) Miss S. Newson, Junior Red Cross, Charlottetown; (4) Miss M. Lannigan, Charlottetown Hospital.

**Quebec:** (1) Miss Eileen Flanagan, 3801 University St., Montreal; (2) Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; (3) Miss Ethel B. Cooke, 830 Richmond Sq., Montreal; (4) Mlle Anne-Marie Robert, 6716 rue Drolet, Montreal.

**Saskatchewan:** (1) Miss M. R. Diedericha, Grey Nuns' Hospital, Regina; (2) Miss Ethel James, Saskatoon City Hospital; (3) Miss Mary E. Brown, 5 Bellevue Annex, Regina; (4) Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

**Chairmen, National Sections:** Hospital and School of Nursing: Miss Martha Batson, Montreal General Hospital. Public Health: Miss Helen McArthur, 218 Administration Bldg., Edmonton, Alta. General Nursing: Miss Pearl Brownell, 212 Balmoral St., Winnipeg, Man. Convener, Committee on Nursing Education: Miss E. K. Russell, 7 Queen's Park, Toronto, Ont.

**General Secretary, Miss G. M. Hall, National Office, 1411 Crescent St., Montreal 25, P.Q.**

### OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

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# Provincial Associations of Registered Nurses

## ALBERTA

### Alberta Association of Registered Nurses

Pres., Miss B. A. Beattie, Provincial Mental Hospital, Ponoka; First Vice-Pres., Miss H. G. McArthur; Sec. Vice-Pres., Miss E. K. Connor; *Councillor*, Sister A. Herman, Holy Cross Hospital, Calgary; *Chairmen of Sections*: *Hospital & School of Nursing*, Miss B. J. von Gruenigen, Calgary General Hospital; *Public Health*, Mrs. R. Sellhorn, V.O.N., Edmonton; *General Nursing*, Miss N. Sewallis, 9918-108th St., Edmonton; Registrar & Secretary, Miss Elizabeth B. Rogers, St. Stephen's College, Edmonton; Treas., Miss Ruth Gavin, St. Stephen's College, Edmonton.

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**New Brunswick Association of Registered Nurses**

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**Registered Nurses Association of Nova Scotia**

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**Registered Nurses Association of Ontario**

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## PRINCE EDWARD ISLAND

**Prince Edward Island Registered Nurses Association**

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## QUEBEC

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## SASKATCHEWAN

**Saskatchewan Registered Nurses Association (Incorporated 1917)**

Pres., Miss M. R. Diederichs, Grey Nuns' Hospital, Regina; First Vice-Pres., Mrs. D. Harrison, 407 Cumberland Ave., Saskatoon; Sec. Vice-Pres., Rev. Sister Perpetua, St. Elizabeth's Hospital, Humboldt; *Councillors*: Rev. Sister Irene, Holy Family Hospital, Prince Albert; Miss M. E. Pierce, Barry Hotel, Saskatoon; *Chairmen of Sections*: *General Nursing*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; *Hospital & School of Nursing*, Miss E. James, Saskatoon City Hospital; *Public Health*, Miss M. E. Brown, 5 Bellevue Annex, Regina; Secretary-Treasurer, Registrar and Adviser, Schools for Nurses, Miss K. W. Ellis, 104 Saskatchewan Hall, University of Saskatchewan, Saskatoon.

**Regina Chapter, District 7, Saskatchewan Registered Nurses Association**

Hon. Pres., Rev. Sr. Krause; Pres., Miss E. Worobetz; First Vice-Pres., Miss M. Nell; Sec. Vice-Pres., Miss H. Lusted; Sec.-Treas., Mrs. G. F. McNeill, 1840 Rose St.; Ass. Sec., Mrs. J. B. Thompson; Registrar, Mrs. G. F. McNeill; *Committees*: *Registry*, Miss M. Gillis; *Program*, Mrs. D. Weaver; *Membership*, Misses Earle, Chenier; *Finance*, Mrs. G. Deverelle; *War Service*, Mrs. Shannon; *Sick Nurses*, Miss M. Fleming, Mrs. G. Campbell; *Section Conveners*: *General Nursing*, Mrs. M. McBrayne; *Hospital & School of Nursing*, Mrs. Martin; *Public Health*, Miss R. Doull; *Rep.* to *The Canadian Nurse*, Miss D. Whitmore.

# Alumnae Associations

## ALBERTA

**A.A., Calgary General Hospital, Calgary**

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**A.A., Public General Hospital, Chatham**

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**A.A., Cornwall General Hospital, Cornwall**

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**A.A., Sarnia General Hospital, Sarnia**

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**A.A., Stratford General Hospital, Stratford**

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